9/3/2

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Sep 18, 2002 8:00 am
Secretary of State
09-03-2002 90167 003 ***163.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005693

1. Entity Name

CREATIVE PACKAGING RESOURCES, INC

DO NOT WRITE IN THIS SPACE

[redacted] 42698

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
148 ST CROIX AVE	148 ST CROIX AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCOA BEACH FL	City & State: COCOA BEACH FL
Zip: 32931 Country: USA	Zip: 32931 Country: USA

4. FEI Number: 65-0641707 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PETER J WITTNIK

Street Address (P.O. Box Number is Not Acceptable)

148 ST CROIX AVE

City: COCOA BEACH FL Zip Code: 32931

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: P.J. Wittnik — P.J. Wittnik — AUG. 29, 2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back): ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. X — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. PETER J. WITTNIK 148 ST CROIX AVE COCOA BEACH FL 32931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: P.J. Wittnik PRES. AUG 29, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #