

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90113 034 ***150.00

DOCUMENT # P96000031158

1. Entity Name

UNITED SEAL & TAG LABEL CORP.

Principal Place of Business

**18290 D. PAULSON DRIVE
 UNIT 3 & 4
 PORT CHARLOTTE FL 33954
 US**

Mailing Address

**18290 D. PAULSON DRIVE
 UNIT 3 & 4
 PORT CHARLOTTE FL 33954
 US**

2. Principal Place of Business

1544 Market Cirde

3. Mailing Address

1544 Market Cirde

Suite, Apt. #, etc.

Bldg 801

Suite, Apt. #, etc.

Bldg 801

City & State

Pt. Charlotte FL

City & State

Pt. Charlotte FL

Zip

33953

Country

USA

Zip

33953

Country

USA

4. FEI Number **65-0677405**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREDA, ROBERT G
 18290 D. PAULSON DRIVE
 UNIT 3 & 4
 PORT CHARLOTTE FL 33954**

Name

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

1544 Market Cirde

Bldg 801

Pt. Charlotte

FL

Zip Code

33953

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 Kathleen M. Freda
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-6-01
 DATE

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **FREDA, ROBERT G**
 STREET ADDRESS **19237 PINE BLUFF CT**
 CITY-ST-ZIP **PT CHARLOTTE FL 33948**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **FREDA, KATHLEEN M.**
 STREET ADDRESS **19237 PINE BLUFF CT**
 CITY-ST-ZIP **PT. CHARLOTTE FL 33948**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen M. Freda
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01 941-625-6799
 Date Daytime Phone #

CR2E034 (10/00)