

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90143 049 \*\*\*150.00

0444196 AV

DOCUMENT # **P97000014797**

1. Entity Name  
**NATIONAL BAG & FILM, INC.**



Principal Place of Business  
**18411 CITATION ST  
LUTZ FL 33549  
US**

Mailing Address  
**18411 CITATION ST  
LUTZ FL 33549  
US**



2. Principal Place of Business  
**1634 Meyers Cove Dr.**

3. Mailing Address  
**1634 Meyers Cove Dr.**

Suite, Apt. #, etc.  
**Tarpon Springs**

Suite, Apt. #, etc.  
**Tarpon Springs**

City & State  
**Tarpon Springs, FL**

City & State  
**Tarpon Springs, FL**

Zip  
**34689**

Zip  
**34689**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3426573** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**MENENDEZ, ROBERT K  
18411 CITATION ST  
LUTZ FL 33549**

7. Name and Address of New Registered Agent  
Name **Menendez Robert K.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1634 Meyers Cove Dr.**  
City **Tarpon Springs** FL Zip Code **34689**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **4/23/03**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MENENDEZ, SHEILA 18411 CITATION STREET LUTZ FL 33459</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1634 Meyers Cove Dr. Tarpon Springs, FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MENENDEZ, ROBERT 18411 CITATION STREET LUTZ FL 33459</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1634 Meyers Cove Dr. Tarpon Springs, FL 34689</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE **4/23/03** DAYTIME PHONE # **813-902-1208**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)