

# 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

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

3. Mailing Address

1634 Meyers Cove Dr.

1634 Meyers Cove Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tarpon Springs

City & State

Tarpon Springs, FL

Zip

34689

Country

City & State

Tarpon Springs, FL

Zip

34689

Country

☐ 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

7. Name and Address of New Registered Agent

MENENDEZ, ROBERT K  
18411 CITATION ST  
LUTZ FL 33549

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete  
NAME D  
STREET ADDRESS MENENDEZ, SHEILA  
CITY-ST-ZIP 18411 CITATION STREET  
LUTZ FL 33459

TITLE ☒ Change ☐ Addition  
NAME 1634 Meyers Cove Dr.  
STREET ADDRESS Tarpon Springs, FL 34689  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MENENDEZ, ROBERT  
CITY-ST-ZIP 18411 CITATION STREET  
LUTZ FL 33459

TITLE ☒ Change ☐ Addition  
NAME 1634 Meyers Cove Dr.  
STREET ADDRESS Tarpon Springs, FL 34689  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

813-902-1208

Date

Daytime Phone #

044196 AV

CR2E034 (10/02)