

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.

City & State
Tarpon Springs, FL

City & State
Tarpon Springs, FL

4. FEI Number **59-3426573**

Applied For
 Not Applicable

Zip Country
34689

Zip Country
34689

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

CHECK HERE IF MAKING CHANGES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

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 MENENDEZ, SHEILA**
STREET ADDRESS **18411 CITATION STREET**
CITY-ST-ZIP **LUTZ FL 33459**

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

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

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

813-902-1208
Daytime Phone #

CR2E034 (10/02)