## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108351 1. Entity Name					Secretary of State			
ACTION LABEL COMPANY, INC.							0035 023 ***15	
Principal Place of Business  240 POWER COURT  SUITE 132  SANFORD FL 32771  Mailing Address  240 POWER COURT  SUITE 132  SANFORD FL 32771							ARAN (1814 BISA 18186 I)	181 81180 (181 188)
Principal Place of Business						(    <b>   </b>	<b>00</b> 001   1000	for origit yidh yodi
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State City & State					4. FEI Number	59-3488900	<del></del>	Applied For Not Applicable
Zip Country Zip Cou			Country 	5. Certificate of Status Desired Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 100 MAITLAND FL 32751			City		· · · ·		FL Zip Ci	ode
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  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					Trus	tion Campaign Finar t Fund Contribution.	· — 7 —	.00 May Be led to Fees
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/C	CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS	PTD SOTO, OSCAR 1650 FORREST AVE	☐ Delete	TITLE NAME STREET ADDRESS		: Soto ower Court,	Quito 132	<b>☆</b> Chang	e 🔲 Addition
CITY-ST-ZIP	LONGWOOD FL 32801		CITY-ST-ZIP		rd, Florida			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/I Richar 240 R		Suite 132	☐ Chang	e 😡 Addition
TITLE		Delete	TITLE	VP/S/I	D		Change	e 🔀 Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street Address City-St-Zip	240 P	H. Miller ower Court, rd, Florida	Suite 132 32771		
TITLE NAME		☐ Delete	TITLE NAME			<b></b>	☐ Change	e Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Chang	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				Chang	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	$\bigcap$		STREET ADDRESS 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 truspes impowered 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 officer or director of the corporation or the receiver or truspes in Block 11 or Block 12 if changed, or on an attachment with an officer or director of the corporation or the receiver or truspes in Block 11 or Block 12 if changed, or on an attachment with an officer or director of the corporation or the receiver or truspes in Block 11 or Block 12 if changed, or on an attachment with an officer or director of the corporation or the receiver or truspes in Block 11 or Block 12 if changed, or on an attachment with an officer or director of the corporation or the receiver or truspes in Block 11 or Block 12 if changed, or on an attachment with an officer or director of the corporation or the receiver or truspes in Block 11 or Block 12 if changed, or on an attachment with an officer or director of the corporation or the receiver or truspes in Block 11 or Block 12 if changed in the receiver or truspes in Block 11 or Block 12 if changed in Block 12								
SIGNATURE:    March 7, 2002 407-323-2026								