## 2002 Uniform Business Report (UBR)

changed, or on an attachment

SIGNATURE:

## Mar 28, 2002 8:00 am DOCUMENT # P97000108790 **Secretary of State** 1. Entity Name 03-28-2002 90143 041 \*\*\*150.00 PACKAGING ELECTRONICS & DEVICES CORP. Principal Place of Business Mailing Address 16162 FLIGHT PATH DR 16162 FLIGHT PATH DR **BROOKSVILLE FL 34609 BROOKSVILLE FL 34609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-2412903 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALASEK, STANLEY Street Address (P.O. Box Number is Not Acceptable) 16162 FLIGHT PATH DR **BROOKSVILLE FL 34609** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE Delete TITLE Change WALASEK, STANLEY NAME NAME STREET ADDRESS 7947 CHAUCER DR STREET ADDRESS CITY-ST-7IP SPRINGHILL FL 34607 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WALASEK, STEVEN NAME STREET ADDRESS STREET ADDRESS 7660 JOMEL DR CITY-ST-ZIP SPRINGHILL FL 34607 CITY-ST-ZIP TITLE Delete TIŤtE Change - Addition: NAME WALASEK, STUART NAME STREET ADDRESS 4009 CASA CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDO FL 34607 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**