2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000014558



1. Entity Name LAPEK CORP.								02-21-200	J3 90169 I	U35 ***1	.50.00	
1	ace of Business GHWAY 301 NC L 34222		P.O. B	Mailing Address P.O. BOX 557 ELLENTON FL 34222								
2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Maili	3. Mailing Address Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES					
			Suite									
			City 8				66-1906 179				applied For lot Applicable	<u></u>
Zip				Zip Coun			5. Certificate of Status Desired		\$8.75 Additional Fee Required		1	
	o. Name a	end Address of Cur	rent Registered	Agent			7. Name and A	ddress of New R	l egistered A	gent-		7
		4			Name							٦
VOLE, PETER 2990 U.S. HIGHWAY 301 NORTH						Address (F	P.O. Box Number is	s Not Acceptable	2)		 _	1
ELLERTO	N FL 34222			•	_	-		*				1
						City			FL Zip Code			}
8. The above the obligation	e named entity s itions of register	submits this stateme ed agent.	nt for the purpo	se of changing its	registered office o	r registere	ed agent, or both,	in the State of Flo	orida. I am fa	miliar with,	and accept	1
SIGNATURE		printed name of registered a	igent and title if applic	able. (NOTE	: Registered Agent signa	ture required v	when reinstating)		DATE	- <u></u>		
- F	ILE NOW!!!	FEE IS \$150.00					[· ::-:					7
Afte	r May 1, 2003	Fee will be \$550. Florida Departmen						on Campaign Fin Fund Contribution		\$5.0 Added	00 May Be of to Fees	
Afte	r May 1, 2003	Fee will be \$550. Florida Departmer	nt of State	3	1 11	•	Trust I	Fund Contribution	n.	Added	d to Fees	
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Afte Make Check	r May 1, 2003 k Payable to I	Fee will be \$550. Florida Departmen OFFICERS A	nt of State	S Delete	TITLE		Trust I	Fund Contribution	n. ICERS AND	Added	d to Fees	
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Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

971-722-7877