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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE AND

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Feb 11, 2002 8:00 am DOCUMENT # P99000099731 **Secretary of State** PRECISION PACKAGING, INC. 02-11-2002 90222 036 ***150.00 Principal Place of Business Mailing Address 7501 W. OAKLAND PARK BLVD. 7501 W. OAKLAND PARK BLVD. STF 303 STE. 303 FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0962249 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Corliss BRADIY CORLISS, BRADLY Street Address (P.O. Box Number is Not Acceptable) 2357 STIRLING RD. PARK Blud # 303 **DANIA FL 33312** W. DAKLAMD ose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named a submits thi (NOTE: Registered Agent signature required when reinstating) DATE ent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. (9/01) Change Addition TITLE ☐ Delete TITLE Corliss, Bradly NAME CORLISS, BRADLY NAME 7501 W. OGKIAND PANK BIVE CR2E034 STREET ADDRESS STREET ADDRESS 2357 STIRLING RD. CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33312** Change ☐ Addition ☐ Delete TITLE TITLE NAME CORLISS, BRADLEY 7501 W. Oakland Park Blad NAME . JU 303 STREET ADDRESS STREET ADDRESS 2357 STIRLING RD BLDG 6 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33312 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 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 hystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNING OFFICER OR DIRECTOR