

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90225 018 ***158.75

DOCUMENT # S48945

1. Entity Name

NOPEC COPORATION

Principal Place of Business

1248 GEORGE JENKINS BLVD
 LAKELAND FL 33806
 US

Mailing Address

P.O. DRAWER 2868
 LAKELAND FL 33806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3060453

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWE, MAX
1248 GEORGE JENKINS BLVD
LAKELAND FL 33815

Name

JOE FUNARO

Street Address (P.O. Box Number is Not Acceptable)

538 FAITH CIRCLE

City

MAITLAND

FL

Zip Code

32751

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

Joseph F. Funaro

JOSEPH F. FUNARO

4/30/01

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D POWERS, RICHARD M.**
 STREET ADDRESS **6003 IRBY LANE W**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D JOHNSON, MALLORY**
 STREET ADDRESS **707 CARPENTERS WAY #43**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Change ☒ Addition
 NAME **JOE FUNARO**
 STREET ADDRESS **538 FAITH CIRCLE**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **JAMSS YOUNG**
 STREET ADDRESS **219 WRANGLEWOOD DR.**
 CITY-ST-ZIP **W. PALM BEACH, FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 trustee empowered 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 address, with all other like empowerers.

SIGNATURE:

JOE FUNARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

DATE

407-645-2326

Daytime Phone #

CR2E034 (10/00)