2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 06, 2001 8:00 am Secretary of State DOCUMENT # V15188 1. Entity Name NELPAK SECURITY INTERNATIONAL, INC. 02-06-2001 90323 035 ***150.00 Principal Place of Business Mailing Address P O BOX 677936 9645 E COLONIAE DR ORLANDO FL 32867 STE 112 ORLANDO FL 32828 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3109307 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name* - --MEIER, STEVEN Street Address (P.O. Box Number is Not Acceptable) 333 ROCKAFELLOW WAY ORLANDO FL 32828 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE NAME MEIER, STEVEN NAME STREET ADDRESS 333 ROCKAFELLOW WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete Change ☐ Addition TITLE MEIER, CHERYL NAME NAME STREET ADDRESS STREET ADDRESS 333 ROCKAFELLOW WAY CITY-ST-ZIE CITY-ST-ZIP ORLANDO FL 32828 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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 empowered.

STREET ADDRESS

STREET ADDRESS
CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/25/01 407-381-5373

☐ Change

☐ Addition

Date Davtime Phone