

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90477 026 ***150.00

DOCUMENT # V15188

1. Entity Name
NELPAK SECURITY INTERNATIONAL, INC.



Principal Place of Business
**9645 E COLONIAE DR
STE 112
ORLANDO FL 32828
US**

Mailing Address
**P O BOX 677936
ORLANDO FL 32867
US**



2. Principal Place of Business
333 Rockafellow Way
Suite, Apt. #, etc.

3. Mailing Address
333 Rockafellow Way
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State
Orlando, FL 32828

4. FEI Number **59-3109307**

Applied For

Not Applicable

Zip Country
32828 USA

Zip Country
32828 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEIER, STEVEN
333 ROCKAFELLOW WAY
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PT MEIER, STEVEN**
STREET ADDRESS **333 ROCKAFELLOW WAY**
CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE ☐ Delete
NAME **S MEIER, CHERYL**
STREET ADDRESS **333 ROCKAFELLOW WAY**
CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-03 407-381-5333

Date

Daytime Phone #

CR2E034 (10/02)