2002 UNIFORM BUSINESS REPORT (UBR)

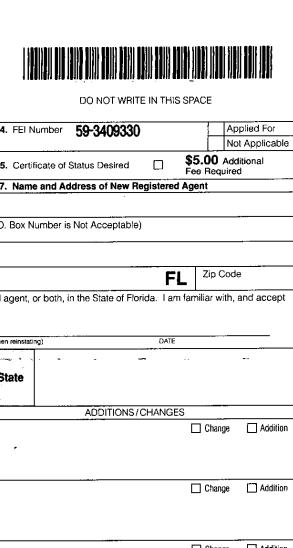
DOCUMENT # L9600001110

1. Entity Name

PLASPET FLORIDA, L.C.

Principal Place of Business	Mailing Address				
215 N. EOLA DRIVE ORLANDO FL 32801	POST OFFICE BOX 2809 ORLANDO FL 32802-2809				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

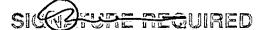
FILED Aug 29, 2002 8:00 am Secretary of State 08-29-2002 90081 018 ****50.00



City & State	9 .	City & State			4. FEI Number	59-3409330		Applied For Not Applicable
Zip	Country .	Zip	Zip Count		5. Certificate of	Status Desired	□ \$5.00 A Fee Requi	dditional red
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
HOCTOR, JAMES J			Name ·					
215 N. EOLA DRIVE			Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32801								
	,			City			FL Zip Co	
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 \$50:00 Make Check Payable to Department of State Due By September 25, 2002								
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES	
TITLE " NAME STREET ADDRESS	MGRM LILICO, DAVID 625 MCCUE ROAD	☐ Delete		ET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME	LAKELAND FL 33801 MGRM VISKOVICH, LES	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	625 MCCUE ROAD LAKELAND FL 33801			T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

7-808