

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90839 011 ***150.00

DOCUMENT # P00000035725

1. Entity Name
PLASTIC ENGRAVING, INC.



Principal Place of Business

2304 BERGREN RD
GULF BREEZE FL 32561

32563

Mailing Address

2304 BERGREN RD
GULF BREEZE FL 32561

32563



2. Principal Place of Business

2304 Bergren Rd
Suite, Apt. #, etc.

3. Mailing Address

2304 Bergren Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Gulf Breeze FL

City & State

Gulf Breeze FL

4. FEI Number 59-3640984

☐ Applied For

☐ Not Applicable

Zip 32563

Country USA

Zip 32563

Country USA

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

ROBERT, JAMES R
2304 BERGREN RD
GULF BREEZE FL 32561 32563

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 P ☐ Delete
NAME ROBERT, JAMES R
STREET ADDRESS 2304 BERGREN RD
CITY-ST-ZIP GULF BREEZE FL 32561 32563

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

TITLE ST ☐ Delete
NAME ROBERT, LORRA J
STREET ADDRESS 2304 BERGREN RD
CITY-ST-ZIP GULF BREEZE FL 32561 32563

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/16/03

850 9344113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)