## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

**DOCUMENT#** 

1. Entity Name

P94000059416

## FILED Jul 23, 2003 8:00 am Secretary of State

07-09-2003 90038 047 \*\*\*150.00

| PLASTECH MACHINERY, INC.  |   |             |  |  |   |             |  |               |                       |            |
|---|---|-------------|--|--|---|-------------|--|---------------|-----------------------|------------|
| Principal Place of Business<br>3735 BIG PINE RD.<br>MELBOURNE FL 32934<br>US  |   | 3735        | Mailing Address<br>3735 BIG PINE RD.<br>MELBOURNE FL 32934<br>US |  |   | 55051959    |  |               |                       |            |
| 2. Principal Place of Business  |   |             | 3. Mailing Address   |  |   |             | The second of the second                               | mic and       | رو وورووا<br>دردران د |            |
|   |   | J.,,,,,     |  |  |   |             |  |               |                       |            |
| Suite, Apt. #, etc.   |   |             | Suite, Apt. #, etc.  |  |   |             | CHECK HERE IF MAKING CHANGES                           |               |                       |            |
| City & State  |   |             | City & State   |  |   | 4.          | FEI Number <b>59-3263653</b>                           |               |                       | pplied For |
| Zip   | Country   | Zip         |  | itry   | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |             |  | ditional      |                       |            |
| 6. Name and Address of Current Registered Agent   |   |             |  |  |   | 7.          | Name and Address of New Regi                           |               | <del></del> -         |            |
| BOWMAN, MARK  |   |             |  |  | Name  |             |  | •             | _                     |            |
| 1375 CYPRESS AVENUE   |   |             |  | Street Address (P.O. Box Number is Not Acceptable) |   |             |  |               |                       |            |
| SUITE 1700  |   |             |  | <del> </del>                                       |   |             |  | <del></del> - |                       |            |
| MELBOURNE FL 32935  |   |             |  | City   |   | <del></del> | FL   | Zip Coc       | ie                    |            |
| <ol> <li>The above named entity submits this statement for the purpose of changing its registers<br/>the obligations of registered agent.</li> </ol>  |   |             |  |  | ed office or register   | ed ag       | jent, or both, in the State of Florida                 |               | niliar with,          | and accept |
|   |   |             |  |  |   |             |  |               |                       |            |
| 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 \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State   |   |             |  |  |   |             | Election Campaign Finance     Trust Fund Contribution. | cing [        | \$5.0<br>Added        | May Be     |
| 10.   | OFFICERS AND  | DIRECTO     | DRS  | 11.  |   | AD          | DITIONS/CHANGES TO OFFICE                              | RS AND D      | IRECTOR               | S IN 11    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>SMITH, RODERICK S<br>3735 BIG PINE RD.<br>MELBOURNE FL 32934 |             | □ Qelete   |  | ſ   |             |  |               | _ Change              | Addition   |
| TITLE<br>NAME   | st<br>Smith, karen a  |             | ☐ Delete   | TITLE  | ſ   |             |  |               | Change                | ☐ Addition |
| STREET ADDRESS  | 3735 BIG PINE RD.   |             |  | STRE   | ET ADDRESS  |             |  |               |                       | ļ          |
| CITY-ST-ZIP   | MELBOURNE FL 32934  |             |  | <b>!</b> =-  | ST-ZIP  |             |  | <u> </u>      | 3 0.                  |            |
| NAME  |   |             | Delete   | TITLE<br>NAME                                      |   |             |  | L             | Change                | ☐ Addition |
| STREET ADDRESS*<br>City-St-Zip  | سرمه البيانية بالمائة المائد المائد                               | <del></del> |  | 2 .  | T ADDRESS<br>ST-ZIP   |             |  |               |                       |            |
| MILE  | <u> </u>  |             | ☐ Delete   | TITLE  |   |             |  |               | Change                | ☐ Addition |
| NAME<br>Street Address  |   |             | !  | name<br>Stree                                      | T ADDRESS   |             | •  |               |                       | ł          |
| CITY-ST-ZIP   |   |             |  |  | ST-ZIP  |             |  |               |                       | 1          |
| TITLE   | <del></del>   |             | ☐ Delete   | TITLE  |   |             |  | С             | Change                | ☐ Addition |
| NAME<br>STREET ADDRESS  | <b> </b>  |             |  | NAME<br>Stree                                      | T ADDRESS   |             |  |               |                       |            |
| CITY-ST-ZIP   |   |             |  |  | ST-ZIP  |             | -  |               |                       | J          |
| TITLE   |   |             | ☐ Delete   | TITLE  |   |             |  |               | Change                | ☐ Addition |
| NAME<br>STREET ADDRESS  |   |             | ļ  | NAME   | T ADDRESS   |             |  |               |                       | 1          |
| CITY-ST-ZIP   | <u> </u>  |             |  |  | ST-ZIP  |             | <b>.</b>   |               |                       | }          |
| 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:

2001RED

07/07/2003 321-757-0539



55051959 #P940000594116

Monday, July 21, 2003

Florida Department of Revenue Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

## Dear Sir/Madam:

About 3 weeks ago I received a notice in the mail that I had not filed my anual report form for Plastech Machinery, Inc. I immediately replied with a payment in the amount of \$ 150.00 and a letter explaining that this was the first notice I had received.

Yesterday I received a letter and a return copy of my UBR explaining that I still owe \$ 400.00. I file and pay all of my obligations when I receive them and do not feel that I should be charged the \$ 400.00 late fee if I did not receive the original notification.

I am sending this registered to insure that you receive it, please respond as soon as possible.

Thanks You,

**Rick Smith** 

Plastecj Machinery, Inc