

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90002 015 ***150.00

DOCUMENT # P99000080520

1. Entity Name

SOUTHWEST FLORIDA THERMOPLASTIC, INC.

Principal Place of Business

3005 233RD STREET EAST
 MYAKKA CITY FL 34251

Mailing Address

3005 233RD STREET EAST
 MYAKKA CITY FL 34251-9326

2. Principal Place of Business

5311 40th Ave W

3. Mailing Address

5311 40th Ave W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0948862

Applied For

Not Applicable

Zip

34209

Country

USA

Zip

34209

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

MEISSNER, GREGORY C ESQ.
 1111 3RD AVENUE WEST
 SUITE 150
 BRADENTON FL 34205

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KISSINGER, PAUL F	
STREET ADDRESS	5311 40TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KISSINGER, TINA	
STREET ADDRESS	5311 40TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAMPS, DAVID A	
STREET ADDRESS	3005 233RD STREET EAST	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAMPS, JUDITH M	
STREET ADDRESS	3005 233RD STREET EAST	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Tina Kissinger Tina Kissinger

4/20/00

(941) 761 9309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)