

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61847

1. Entity Name

FORTUNE PLASTICS OF FLORIDA, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90058 007 ***150.00

Principal Place of Business

% BERNARD C. O'NEILL, JR.
11580 RYLAND CT
ORLANDO FL 32824-7617
US

Mailing Address

11580 RYLAND COURT
ORLANDO FL 32824-7617
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1636129

Applied For

Not Applicable

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

O'NEILL, BERNARD C JR
200 E. ROBINSON ST., SUITE 865
ORLANDO FL 32801

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	DUHIG, JOHN P	
STREET ADDRESS	WILLIAMS LN. PO BOX 637	
CITY-ST-ZIP	OLD SAYBROOK CT	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRILBEY, JAMES M	
STREET ADDRESS	1115 WESTON DR.	
CITY-ST-ZIP	MT. JULIET TN	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOGAN, PAUL	
STREET ADDRESS	325 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCDERMOTT, NORBERT	
STREET ADDRESS	325 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
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
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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:

James M. Bilbrey **JAMES M. BILBREY** 2/12/2000 615-444-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)