

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90020 031 ***150.00

DOCUMENT # 263477

1. Entity Name

CUSTOM PLASTIC DEVELOPMENTS INC

Principal Place of Business

Mailing Address

~~N. BERMUDA AVE~~
~~PO BOX 422400~~
 FL 34741

~~2710 N BERMUDA AVENUE~~
~~P.O. BOX 422400~~
~~KISSIMMEE FL 34742-2400~~
 US

806770

2. Principal Place of Business

2710 N. JOHN Young PARKWAY
 Suite, Apt. #, etc.

3. Mailing Address

2710 N. JOHN Young PARKWAY
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-1355977

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

34741

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HORD, RICHARD L.

~~2710 N BERMUDA AVENUE~~
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2710 N. JOHN Young PARKWAY

City

KISSIMMEE**FL**

Zip Code

34741

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.

RICHARD L. HORD, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HORD, RICHARD L.	
STREET ADDRESS	2710 N BERMUDA AVENUE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HORD, LOUISE R.	
STREET ADDRESS	2710 N BERMUDA AVENUE	
CITY-ST-ZIP	KISSIMMEE FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2710 N. JOHN Young PARKWAY	
STREET ADDRESS	34741	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2710 N. JOHN Young PARKWAY	
STREET ADDRESS	34741	
CITY-ST-ZIP		
TITLE	V. HORD, RICHARD W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2710 N. JOHN Young PARKWAY	
STREET ADDRESS	KISSIMMEE, FL 34741	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD L. HORD, PRESIDENT

Date

1/18/2000

Daytime Phone #

407-847-3054

CR2E034 (9/99)