

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 374746

1. Entity Name

ESCAMBIA MOLDED PLASTICS CORPORATION

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90032 003 ***158.75

Principal Place of Business

Mailing Address

8959 PENSACOLA BLVD
PENSACOLA, FLA 32534

8959 PENSACOLA BLVD
PENSACOLA, FLA 32534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1325608

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

FRANK G. POWELL

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

7201 SCENIC HIGHWAY
PENSACOLA, FL 32504

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	POWELL, FRANK G.	
STREET ADDRESS	7201 SCENIC HIGHWAY	
CITY-ST-ZIP	PENSACOLA, FLA. 32504	
TITLE	ST	<input type="checkbox"/> Delete
NAME	POWELL, DUFFLE C.	
STREET ADDRESS	7201 SCENIC HIGHWAY	
CITY-ST-ZIP	PENSACOLA, FLA 32504	
TITLE	V	<input type="checkbox"/> Delete
NAME	JIMMIE D. SELF	
STREET ADDRESS	820 PINEY LAKE	
CITY-ST-ZIP	CANTONMENT, FLA. 32533	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURRAY, THOMAS GREGORY	
STREET ADDRESS	2950 HWY 97 SOUTH	
CITY-ST-ZIP	CANTONMENT, FLA. 32533	
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	
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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:

FRANK G. POWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-24-00 850-476-6198

CR2E034 (9/99)