

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90099 019 ***150.00

DOCUMENT # 555277
 1. Entity Name
A & M ENGINEERING PLASTICS, INC.

Principal Place of Business 10521-75TH STREET. N. LARGO FL 34647	Mailing Address 10521-75TH STREET. N. LARGO FL 33777-1419
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1775901	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CATON, ALLEN M.
 10521 75TH ST. N.
 LARGO FL 34647-8419**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	PD <input type="checkbox"/> Delete
NAME	CATON, ALLEN M.
STREET ADDRESS	10521 75TH STREET, NORTH
CITY-ST-ZIP	LARGON FL
TITLE	V <input type="checkbox"/> Delete
NAME	ROBINSON, LARRY
STREET ADDRESS	10521 75TH ST. N
CITY-ST-ZIP	LARGO FL
TITLE	S <input type="checkbox"/> Delete
NAME	BLEVINS, SHARON
STREET ADDRESS	10521 75TH ST. N
CITY-ST-ZIP	LARGO FL
TITLE	TD <input type="checkbox"/> Delete
NAME	GOFF, DONALD L
STREET ADDRESS	10521 75TH ST. N
CITY-ST-ZIP	LARGO FL
TITLE	VD <input type="checkbox"/> Delete
NAME	OSWALD, DENNIS C
STREET ADDRESS	72 NOB HILL DR. NORTH
CITY-ST-ZIP	GAHANNA OH 43230
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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]* **1-17-00** **727-54-4482**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #