

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90112 043 \*\*\*150.00

**DOCUMENT # 555277**

1. Entity Name

**A & M ENGINEERING PLASTICS, INC.**

Principal Place of Business

Mailing Address

10521-75TH STREET. N.  
 LARGO FL 34647

10521-75TH STREET. N.  
 LARGO FL 34647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1775901**

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

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

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 \_\_\_\_\_

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, 2001 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	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		

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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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 IRE empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

727-544-4482

Date

Daytime Phone #

CR2E034 (10/00)