

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90120 015 ***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 34647 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|---------------------------------------|
| 4. FEI Number 59-1775901 | | Applied For |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 checked="" 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"/> Addition |
| 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 | | |
| 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]* **DAVID L. GOFF** **1-15-02** **727-541-4482**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)