## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jun 16, 2000 08:00 AM DOCUMENT # 637305 1. Entity Name **Secretary of State** FREDDIE'S PLASTICS, INC. Principal Place of Business Mailing Address 1710 TURKEY CREEK ROAD P.O. BOX 1319 PLANT CITY PLANT CITY FL FL 33567 33564 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 Applied For 59-1955002 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAROLD W. MOBLEY 1710 TURKEY CREEK ROAD Street Address (P.O. Box Number is Not Acceptable) PLANT CITY 33567 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. 06/16/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE VCHA ☐ Detete ☐ Change X Addition NAME NAME COLE JEFFREY STREET ADDRESS STREET ADDRESS 5915 LANDERBROOK DRIVE CITY-ST-ZIP CITY-ST-ZIP LYNDHURST 44124 TITLE ☐ Delete TITLE CEO X Change ☐ Addition NAME MOBLEY, DAVID E NAME RERN RICHARD STREET ADDRESS 5601 HWY 92 W. STREET ACCRESS 9190 N68TH PLACE CITY-ST-ZIF PLANT CITY FI. CITY-ST-7IP PARADISE VALLEY Δ7. 85253 TITLE ☐ Deiete TILE CEO X Change ☐ Addition NAME BOATRIGHT, CAROL A NAME COLE STEPHAN STREET ADDRESS 5545 HWY 92 W 411 CHAGRIN BLVD STREET ADDRESS CITY-ST-ZIP PLANT CITY CITY-ST-ZIP MORELAND HILLS 44022 TITLE ☐ Defete DP TITLE PRES X Change ☐ Addition NAME MOBLEY, HAROLD NAME MOBLEY HAROLD WMR. STREET ADDRESS 4604 STRAUSS ROAD STREET ADDRESS 4604 STRAUSS ROAD PLANT CITY CITY-ST-ZIP PLANT CITY FL, CITY-ST-ZIP FL. TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

FILED

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.