

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90004 043 ***550.00

0075761 AV

DOCUMENT # F96000002826

1. Entity Name

U.S. PLASTIC LUMBER CORP.

Principal Place of Business

**2300 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431**

Mailing Address

**2300 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

87-0404343

Applied For

Not Applicable

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

ROSETTO, BRUCE C

**2300 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431**

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
ALSENTZER, MARK S
2300 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROSETTO, BRUCE C
2300 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SCHMIDT, MICHAEL D
2300 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

CSC

US Plastic Lumber

6095300877
FAX: 561594555507/02/01 14:39 :03/03 NO:447
Jul 5 '01 11:08 P.03**2001 UNIFORM BUSINESS REPORT (UBR)**Attachment
A07608**DOCUMENT # F96000002826**

1. Entity Name

U.S. PLASTIC LUMBER CORP.

Principal Place of Business

2200 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431

Mailing Address

2200 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

87-0404943

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSETTO, BRUCE C

2200 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431

Name

Corporation Service Company

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

1201 Naya Street

City

Tallahassee

FL

Zip Code

32301

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

Tabatha Miller, Asst VP

7/3/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(Base criteria on back) ☐

FEE: \$100.00 (FEE: \$100.00)

After September 2, 2001, the fee for filing this report is \$100.00.

State Check Payment to Department of Banking

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	CEOP	☐ Delete
NAME	ALBENTZER, MARK S	
STREET ADDRESS	2200 GLADES ROAD, SUITE 440 WEST	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	☐ Delete
NAME	ROSETTO, BRUCE C	
STREET ADDRESS	2200 GLADES ROAD, SUITE 440 WEST	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	T	☐ Delete
NAME	SCHMIDT, MICHAEL D	
STREET ADDRESS	2200 GLADES ROAD, SUITE 440 WEST	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(f), 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 as an addressee with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

F2000

Signature Page 2