

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002414

1. Entity Name

FREEDOM PLASTICS, INC. - FLORIDA

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90088 007 ***150.00

Principal Place of Business

Mailing Address

ENTERPRISE RD
PIERCE FL 34982

100 E. WISCONSIN AVE., STE. 3300
MILWAUKEE WI 53202-4107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1889081

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	BORDEN, J. MICHAEL	
STREET ADDRESS	2101 KENNEDY RD.	
CITY-ST-ZIP	JANESVILLE WI 53547	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCOTT, FRANK	
STREET ADDRESS	2101 KENNEDY RD.	
CITY-ST-ZIP	JANESVILLE WI 53547	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HERREMAN, PEG	
STREET ADDRESS	215 SOUTH ARCH	
CITY-ST-ZIP	JANESVILLE WI 53547-1480	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCACCIA, STEPHEN E	
STREET ADDRESS	215 SOUTH ARCH	
CITY-ST-ZIP	JANESVILLE WI 53547-1480	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALASINI, MARC	
STREET ADDRESS	215 SOUTH ARCH	
CITY-ST-ZIP	JANESVILLE WI 53547-1480	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLYATT, PEGGY	
STREET ADDRESS	3206 ENTERPRISE RD	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK J. PELISEK	
STREET ADDRESS	100 EAST WISCONSIN AVE	
CITY-ST-ZIP	MILWAUKEE, WI 53208-4108	

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:

Peggy Clyatt, Pres. 4/6/00 561-465-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)