

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

0104221 AV

DOCUMENT # F97000002414

1. Entity Name
FREEDOM PLASTICS, INC. - FLORIDA

08-21-2001 90006 045 ***550.00

Principal Place of Business
3206 ENTERPRISE RD
FT. PIERCE FL 34982
US

Mailing Address
3206 ENTERPRISE RD
FT. PIERCE FL 34982
US



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 \$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 **CD BORDEN, J. MICHAEL** ☐ Delete
STREET ADDRESS **2101 KENNEDY RD.**
CITY-ST-ZIP **JANESVILLE WI 53547**

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

TITLE
NAME **DS SCOTT, FRANK** ☐ Delete
STREET ADDRESS **2101 KENNEDY RD.**
CITY-ST-ZIP **JANESVILLE WI 53547**

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

TITLE
NAME **DT CLYATT, PEGGY** ☐ Delete
STREET ADDRESS **3026 ENTERPRISE RD**
CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE
NAME **DP SCACCIA, STEPHEN E** ☐ Delete
STREET ADDRESS **215 SOUTH ARCH**
CITY-ST-ZIP **JANESVILLE WI 53547-1480**

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

TITLE
NAME **DV PALASINI, MARC** ☐ Delete
STREET ADDRESS **215 SOUTH ARCH**
CITY-ST-ZIP **JANESVILLE WI 53547-1480**

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

TITLE
NAME **D PELISEK, FRANK J** ☐ Delete
STREET ADDRESS **100 E WISCONSIN AVE**
CITY-ST-ZIP **MILWAUKEE WI 53202-4108**

TITLE
NAME ☐ Change ☐ Addition
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:

Peggy Clyatt, Vice Pres / Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01 561-465-1222
Date Daytime Phone #

CR2E034 (5/01)