

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90407 014 \*\*\*150.00

**DOCUMENT # F97000002414**

**1. Entity Name**  
**FREEDOM PLASTICS, INC. - FLORIDA**



**Principal Place of Business**

**3206 ENTERPRISE RD  
FT. PIERCE FL 34982  
US**

**Mailing Address**

**3206 ENTERPRISE RD  
FT. PIERCE FL 34982  
US**

**90022187**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number 39-1889081**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

**TITLE** DT ☐ Delete  
**NAME** CLYATT, PEGGY  
**STREET ADDRESS** 3206 ENTERPRISE RD  
**CITY-ST-ZIP** FORT PIERCE FL 34982

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

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

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/18/03 608-754-2710**

CR2E034 (10/02)