

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004204

1. Entity Name

HARRINGTON INDUSTRIAL PLASTICS, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90023 043 ***150.00

0601931

Principal Place of Business
14480 YORBA AVE.
P.O. BOX 5128
CHINO CA 91710-5128

Mailing Address
14480 YORBA AVE.
P.O. BOX 5128
CHINO CA 91710-5128



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 95-2752402

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, 2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP
DC
MCCOLLUM, WILLIAM
14480 YORBA AVE.
CHINO CA 91710 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VST
ALEXANDER, NEVILLE G
14480 YORBA AVE.
CHINO CA 91710 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VST
CHARLES ROHR
14480 YORBA AVE
CHINO, CA 91710 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES ROHR

4/12/01 989-597-8641

Date

Daytime Phone #

CR2E034 (10/00)