

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State
 02-28-2000 90132 001 ***600.00

DOCUMENT # F97000006732

1. Entity Name

TRANSPLASTICS, INC.

Principal Place of Business

Mailing Address

102 PICKERING WAY
 EXTON PA 19341

3802 CORPOREX DR V
 TAMPA FL 33615

2. Principal Place of Business

3802 CORPOREX DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number

23-2932792

Applied For

Not Applicable

Zip

33619

Country

Zip

33619

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT E	
STREET ADDRESS	102 PICKERING WAY	
CITY-ST-ZIP	EXTON PA 19341	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAMACH, RICHARD A	
STREET ADDRESS	102 PICKERING WAY	
CITY-ST-ZIP	EXTON PA 19341	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MILLER, PETER G	
STREET ADDRESS	102 PICKERING WAY	
CITY-ST-ZIP	EXTON PA 19341	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKERSON, EUGENE C	
STREET ADDRESS	102 PICKERING WAY	
CITY-ST-ZIP	EXTON PA 19341	
TITLE	D	<input type="checkbox"/> Delete
NAME	RINGO, PHILLIP J	
STREET ADDRESS	102 PICKERING WAY	
CITY-ST-ZIP	EXTON PA 19341	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3802 CORPOREX DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS L. FINKBINER	
STREET ADDRESS	3802 CORPOREX DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES J. O'BRIEN JR	
STREET ADDRESS	3802 CORPOREX DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD BRANDENIE	
STREET ADDRESS	3802 CORPOREX DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT KASAK	
STREET ADDRESS	3802 CORPOREX DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

ROBERT KASAK

2/16/00

Date

888-675-8265

Daytime Phone #

CR2E034 (9/99)