

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90143 004 ***150.00

DOCUMENT # F97000006732

1. Entity Name
TRANSPLASTICS, INC.

Principal Place of Business

**3802 CORPOREX DR.
TAMPA FL 33619**

Mailing Address

**3802 CORPOREX DR V
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2932792**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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.

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

TITLE **PD** ☐ Delete
NAME **JOHNSON, ROBERT E**
STREET ADDRESS **3802 CORPOREX DRIVE**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **V** ☒ Delete
NAME **FINKBINER, THOMAS L**
STREET ADDRESS **3802 CORPOREX DRIVE**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **DVP** ☐ Delete
NAME **O'BRIEN, CHARLES J JR.**
STREET ADDRESS **3802 CORPREX DR.**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **VPT** ☐ Delete
NAME **BRANDEWIG, RICHARD**
STREET ADDRESS **3802 CORPOREX DRIVE**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **S** ☐ Delete
NAME **KASAK, ROBERT**
STREET ADDRESS **3802 CORPOREX DRIVE**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President/Treasurer** ☐ Change ☒ Addition
NAME **Dennis Farnsworth**
STREET ADDRESS **3802 Corporex Park Dr.**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE **Director** ☐ Change ☒ Addition
NAME **Thomas Finkbiner**
STREET ADDRESS **3802 Corporex Park Dr.**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Robert Kasak

Robert Kasak 4/6/01 888-675-8265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)