

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

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

02-10-2003 90432 020 ***150.00

DOCUMENT # G95268

1. Entity Name
PLASTI-STOR CORPORATION



Principal Place of Business

~~3584 PROGRESS AVE.~~
~~NAPLES FL 33942~~

Mailing Address

~~3584 PROGRESS AVE.~~
~~NAPLES FL 33942~~

2. Principal Place of Business

3601 Arnold Ave

3. Mailing Address

3601 Arnold Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2376555

Applied For

Not Applicable

Zip

Country

34104

Zip

Country

34104

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

GNERRE, ANTHONY C.

~~3584 PROGRESS AVE.~~ **3601 Arnold Ave**
NAPLES FL 34104

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GNERRE, ANTHONY C.**
STREET ADDRESS **3584 PROGRESS AVE**
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

GNERRE, ANTHONY C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/03 239-643-0933

CR2E034 (10/02)