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

Mailing Address

## **DOCUMENT #**

Principal Place of Business

H00307

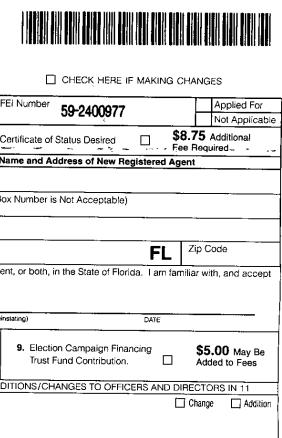
1. Entity Name

TROTTER PLASTICS, INC.



**FILED** Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90091 013 \*\*\*150.00

OCCUTAGO



1724 BARBER ROAD SARASOTA FL 34240			1724 BARBER ROAD SARASOTA FL 34240			22001429					
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			4. FEi Number 59-2400977			pplied For ot Applicable	
Zip	The state of the s		Cou	ntry	5. (	5. Certificate of Status Desired		\$8.75 Additional			
	6. Name	and Address of Curre	ent Registered Agent			7. N	lame and Address of New Reg				
KIWCZAK, JOHN C.					Name						
	RBER ROAD			Street Addre		ddress (P.O. Bo	ss (P.O. Box Number is Not Acceptable)				
SARASOT	TA FL 34240	1					· ,			·····	
ű.					City	-		FL	Zip Cod	le	
8. The above	named entity	submits this statemen	t for the purpose of chang	ing its register	ed office or	registered age	ent, or both, in the State of Florid		niliar with	and accept	
SIGNATURE .	- Tegiste	red agent.  r printed name of registered ag									
			gent and the il applicable.	(NOTE: Registere	ed Agent signatu	ire required when rei	nstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	oing 🗆		May Be to Fees	
10.		OFFICERS AN	ND DIRECTORS	11.		ADD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	P KIWCZAK,	JOHN C. EWYNN DR	☐ Delete	NAM	E				☐ Change	☐ Addition	
CITY-ST-ZIP	SARASOTA				ET ADDRESS -ST-ZIP						
TITLE NAME			☐ Delete	TITLI					Change	☐ Addition	
STREET ADDRESS				NAM STD	ET ADDRESS					1	
CITY-ST-ZIP					-ST-ZIP					1	
TITLE		:-	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	<u> </u>	] Change	- Addison	
IAME				NAM					1 Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS						
	<del></del>	·		CITY	-ST-ZIP						
ITLE IAME			☐ Delete	TITLE	<b>I</b>				] Change	☐ Addition	
TREET ADDRESS				NAMI STRE	ET ADDRESS						
ITY-ST-ZIP					-ST-ZIP						
ITLE			☐ Delete	TITLE			<u> </u>	— <u>r-</u>	7.05		
AME			_ Delicit	NAME				L	] Change	☐ Addition	
TREET ADDRESS					ET ADDRESS					}	
ITY-ST-ZIP				CITY-	ST-ZIP					ļ	
TLE		-	Delete	TITLE		<u>,,, , , , , , , , , , , , , , , , , , </u>			Change	Addition	
AME			ا سر	NAME	1			<u></u>	, analigo		
TREET ADDRESS TY-ST-ZIP					T ADDRESS						
0 1 have 5		<u> </u>		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 trusfee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #