

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2000 8:00 am**
Secretary of State

01-31-2000 90027 008 ***150.00

DOCUMENT # H62348

1. Entity Name

PLASTIC SALES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**1993 COUNTY ROAD 1
DUNEDIN FL 34698****1993 COUNTY ROAD 1
DUNEDIN FL 34698-2833**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2542551

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

**SOROTA, JOSEPH J JR.
28100 U.S. 19 N.
SUITE 504
CLEARWATER FL 34621**

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 State10. 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	DONATI, WILLIAM C.	
STREET ADDRESS	1550 RIDGE TOP DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NESMITH, A. THOMAS	
STREET ADDRESS	5372 BLACK PINE DR.	
CITY-ST-ZIP	TMAPA FL	

TITLE	DS	<input type="checkbox"/> Delete
NAME	DONATI, EMILIE A.	
STREET ADDRESS	1550 RIDGE TOP DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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: *Emilie A. Donati* EMILIE A. DONATI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

727-733-7000

Daytime Phone #