2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # K04760** 1. Entity Name PAPER & PLASTIC, INC. 01-30-2001 90146 027 ***150.00 Mailing Address Principal Place of Business 2040 N. RIO GRANDE AVENUE 2040 N. RIO GRANDE AVENUE ORLANDO FL 32804 ORI ANDO FL 32804 1 41 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2857391 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUGERING, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 2040 N RIO GRANDE AVENUE ORLANDO FL 32804 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE LUGERING, RICHARD NAME STREET ADDRESS STREET ADDRESS 2040 N. RIO GRANDE AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PARLOW, MARK LOUIS NAME STREET ADDRESS STREET ADDRESS 40607 LONG ISLAND DR. CITY-ST-ZIP CITY-ST-ZIP **UMATILLA FL 32784** □ Change ☐ Addition ☐ Delete TITLE TITLE NAME LUGERING, SUZANNE NAME STREET ADDRESS 1452 OBERLIN TERRACE STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP LAKE MARY FL 32746 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 adoptes, with all other like empowered.

FILED