

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90077 030 ***150.00

DOCUMENT # K05400

1. Corporation Name

PALM BEACH PLASTICS, INC.



Principal Place of Business
400A ROYAL COMMERCE RD
ROYAL PALM BCH. FL 33411-4687

Mailing Address
400A ROYAL COMMERCE RD
ROYAL PALM BCH. FL 33411-4687

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1987

4. FEI Number

15-0001522 05-0015221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**BLOUGH, CHARLENE
6879 NW 27TH COURT
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **ULLIMAN, PAUL R.**
STREET ADDRESS **18770 SE RIVER RIDGE RD**
CITY-ST-ZIP **TEQUESTA FL**

☐ DELETE

TITLE **DAS**
NAME **ULLIMAN, MARGUERITE A**
STREET ADDRESS **18770 SE RIVER RIDGE RD**
CITY-ST-ZIP **TEQUESTA FL**

☐ DELETE

TITLE **VPAT**
NAME **BLOUGH, CHARLENE**
STREET ADDRESS **6879 NW 27TH CT**
CITY-ST-ZIP **MARGATE FL**

☐ DELETE

TITLE **D**
NAME **ULLIMAN, MATTHEW S**
STREET ADDRESS **223 ODUM CREST LN**
CITY-ST-ZIP **HOOVER AL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

D
ULLIMAN, MATTHEW S
10107 SETTLEMENT HOUSE RD.
CENTERVILLE OH 45458

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul R. Ulliman, PRES.
PAUL R. ULLIMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 **561 798-8378**
Date Daytime Phone #

CR2E034 (11/98)