

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K35453

1. Entity Name

OR PLASTICS, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90042 025 ***150.00

Principal Place of Business

15270 FLIGHT PATH DRIVE
PARK, UNIT 1, AVIATION LOOP DR.
BROOKSVILLE FL 34609

Mailing Address

15270 FLIGHT PATH DRIVE
PARK, UNIT 1, AVIATION LOOP DR.
BROOKSVILLE FL 34609-6849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 25-1317260

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OKOPAL, JOHN
15270 FLIGHT PATH RD.
BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

Name OKopal, Darlene
Street Address (P.O. Box Number is Not Acceptable)
15270 Flight Path Drive
City Brooksville FL Zip Code 34609

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

(NOTE: Registered Agent signature required when reinstating)

4-19-00
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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME OKOPAL, JOHN ☒ Delete
STREET ADDRESS 2096 MAXIMILIAN AVENUE
CITY-ST-ZIP SPRING HILL FL

TITLE DVS
NAME OKOPAL, DARLENE ☐ Delete
STREET ADDRESS 2096 MAXIMILIAN AVENUE
CITY-ST-ZIP SPRING HILL FL

TITLE T
NAME OKOPAL, DARLENE ☐ Delete
STREET ADDRESS 2096 MAXIMILIAN AVENUE
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DP ☒ Change ☐ Addition
NAME OKopal, Darlene
STREET ADDRESS 22327 Mizell Road
CITY-ST-ZIP Brooksville, FL 34602

TITLE T ☒ Change ☐ Addition
NAME OKopal, Darlene
STREET ADDRESS 22327 Mizell Road
CITY-ST-ZIP Brooksville, FL 34602

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

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

TITLE ☐ Change ☐ 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: Darlene Okopal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 352-799-8702
Date Daytime Phone #