

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


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90536 005 ***150.00

UBR FORM 2003

DOCUMENT # K72194

1. Entity Name
P & M PLASTICS, INC.



Principal Place of Business
**929 C BLANDING
ORANGE PARK FL 32065
US**

Mailing Address
**929 - C BLANDING BLVD.
ORANGE PARK FL 32065
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7465 S.R. 21 N
Suite, Apt. #, etc.

3. Mailing Address
P O Box 2026
Suite, Apt. #, etc.

City & State
Keystone Hts FL

City & State
Keystone Hts FL

Zip
32656 Country

Zip
32656 Country

4. FEI Number
59-2988477

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, THOMAS H
929 - C BLANDING BLVD.
ORANGE PARK FL 32065**

7. Name and Address of New Registered Agent

Name
Morris Thomas H.

Street Address (P.O. Box Number is Not Acceptable)
7465 S.R. 21 N

City
Keystone Hts FL Zip Code
32656

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	MORRIS, THOMAS H
STREET ADDRESS	7610 GRAND MESA CIR.
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656
TITLE	VP <input type="checkbox"/> Delete
NAME	POWELL, BARBARA J
STREET ADDRESS	10428 BIGTREE CIRCLE W.
CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	S <input type="checkbox"/> Delete
NAME	MORRIS, GLENDA C
STREET ADDRESS	7610 GRAND MESA CIR.
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 trustee 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, with all other like empowered.

SIGNATURE *Thomas H. Morris* **THOMAS H. MORRIS** **1-15-03** **352-473-6801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)