

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **1282192**

1. Entity Name

COASTAL PLASTICS CORP.

FILED

02 DEC -9 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009417446
12/09/02--01051--001 **\$1.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
627 NORTH LANE AVENUE

Suite, Apt. #, etc.

3. Mailing Address
627 NORTH AVENUE

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-2952332

Applied For
Not Applicable

Zip
32205

Country
DUVAL

Zip
32205

Country
DUVAL

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PCL PACKAGING, INC.**

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

627 North Street

City **Jacksonville,**

FL

Zip Code
32205

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.

PCL PACKAGING, INC.

SIGNATURE By:

R. Bruce Waite
R. Bruce Waite, Secretary

12/2/2002

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Director
Tim French
3769 Fairgrounds Rd, Orillia, Ontario L3V 6H2

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Director
R. Bruce Waite
4519 Fern Rd, R.R.#5, Orillia, Ontario L3V 6H5

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Robert A. Barlanti, Jr.
5811 Hurdia Road, Jacksonville, FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Neil M. Gibson
18 Gardner Dr., Georgetown, Ontario L7G 5C4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Della M. Smith
9166 Trevi Circle West, Jacksonville, FL 32257

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Tim French
Tim French

12/2/2002

(705) 730-7646

Date

Daytime Phone #

CR2E034B (12/01)

g 12/10