

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79836

1. Entity Name
PLASTILINE INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90098 039 ***150.00

Principal Place of Business
**1900 NORTH ANDREWS AVENUE EXTENSION
UNIT C
POMPANO BEACH FL 33069
US**

Mailing Address
**1900 NORTH ANDREWS AVENUE EXTENSION
UNIT C
POMPANO BEACH FL 33069
US**

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 **65-0209353**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GOULD, PATRICK W.
2424 OKEECHOBEE LANE
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **SAME PATRICK W. GOULD**
Street Address (P.O. Box Number is Not Acceptable) **1900 NORTH ANDREWS AVE EXTN.**
UNIT C
City **POMPANO BEACH, FL** Zip Code **33069**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 **D** ☐ Delete
NAME **GOULD, PATRICK W.**
STREET ADDRESS **2424 OKEECHOBEE LANE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **D** ☐ Delete
NAME **YURINA, JOHN**
STREET ADDRESS **571 S.E. 13TH COURT**
CITY-ST-ZIP **POMPANO BEACH 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

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

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

TITLE ☐ Change ☐ Addition
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01 **913-3335**
Date Daytime Phone #