

2002 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 28, 2002 8:00 am
Secretary of State

04-11-2002 90034 028 ****61.25

DOCUMENT # N97000003161

1. Entity Name

FLORIDA PLASTICS INDUSTRY COUNCIL, INC.

Principal Place of Business

Mailing Address

2307 NORTH 36TH ST
 TAMPA FL 33605

FPIC INC.
 310 WEST COLLEGE AVE.
 TALLAHASSEE FL 32301

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

59-3515045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**MCCORMACK, FRED ESQ.
 310 WEST COLLEGE AVENUE
 TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SMITH, GREG**
 CITY-ST-ZIP **3010 15TH MAINE AVE
 LAKE LAND FL 33801**

TITLE ☐ Change ☒ Addition
 NAME **Ben Benvenuti**
 STREET ADDRESS **1212 N. 39th St. #109**
 CITY-ST-ZIP **Tampa, FL 33605** **(D)**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ELIZRITZ, STEVE**
 CITY-ST-ZIP **431 SILVER DEW ST
 LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
 NAME **Added "D" as**
 STREET ADDRESS **Mr. Benvenuti's**
 CITY-ST-ZIP **title**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **UNDERWOOD, RUDY**
 CITY-ST-ZIP **225 TOWPARK DR STE 360
 KENNESAW GA 30144**

TITLE ☐ Change ☐ Addition
 NAME **Mr. Benvenuti's**
 STREET ADDRESS **title**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

(770) 421-2991

Daytime Phone #

CR2E037 (9/01)