

FILED  
Feb 24, 2003 8:00 am  
Secretary of State

02-05-2003 90140 036 \*\*\*\*61.25

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

2/:

DOCUMENT # N97000003161

1. Entity Name

FLORIDA PLASTICS INDUSTRY COUNCIL, INC.



Principal Place of Business

2307 NORTH 35TH ST  
TAMPA FL 33605

Mailing Address

FPIC INC.  
310 WEST COLLEGE AVE.  
TALLAHASSEE FL 32301

2. Principal Place of Business

310 W. College Ave.

Suite, Apt. #, etc.

3. Mailing Address

225 Town Park Drive

Suite, Apt. #, etc.

Suite 300

City & State

Tallahassee, FL

City & State

Kennesaw, GA

Zip

32301

Country

USA

Zip

30144

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GREG	
STREET ADDRESS	3010 15TH MAINE AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENVENUTI, BEN	
STREET ADDRESS	1212 N 39TH STREET, #109	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	UNDERWOOD, RUDY	
STREET ADDRESS	225 TOWNPARK DR STE 380	
CITY-ST-ZIP	KENNESAW GA 30144	
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 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woodmansee, Jason	
STREET ADDRESS	P.O. Box 699	
CITY-ST-ZIP	Fort Pierce, FL 34954	
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
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 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

1/27/07 770-421-2991

Date

Daytime Phone #

CR2E037 (10/02)