

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006168

1. Entity Name

INTERNATIONAL PLASTIC MODELERS SOCIETY/FLORIDA,

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91171 044 ****61.25

Principal Place of Business

3149 BRENTWOOD LANE
MELBOURNE FL 32934
US

Mailing Address

3149 BRENTWOOD LANE
MELBOURNE FL 32934
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

59-3472768

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

WARTHUNG, MARK
3149 BRENTWOOD LANE
MELBOURNE FL 32934

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.

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	D	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ROLANDO	
STREET ADDRESS	930 S. HARBOR CITY BLVD., SUITE 505	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATNIK, GREGORY	
STREET ADDRESS	930 S. HARBOR CITY BLVD., SUITE 505	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARTHUNG, MARK	
STREET ADDRESS	930 S. HARBOR CITY BLVD., SUITE 505	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, BYRON	
STREET ADDRESS	930 S. HARBOR CITY BLVD., SUITE 505	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTIERREZ, JACK	
STREET ADDRESS	930 S. HARBOR CITY BLVD., SUITE 505	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
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		
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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:

Mark Warthung

2-3-01

321-253-3730

CR2E037 (10/00)