

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90050 034 \*\*\*150.00

**DOCUMENT # P00000013742**  
 Entity Name  
**PLASTICS SHOP, INC.**

Principal Place of Business      Mailing Address  
**90800 OVERSEAS HWY.**      **90800 OVERSEAS HWY.**  
**TAVENIER FL 33070**      **TAVENIER FL 33070**

2. Principal Place of Business      3. Mailing Address  
*Above*      *Above*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country *USA*      Zip      Country *USA*



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**OBERMANN, JOSEPH E**  
**90800 OVERSEAS HWY.**  
**TAVENIER FL 33070**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number)  
 City      **FL**      Zip

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy the tax filing requirement and elects to file 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 attached address, with authority empowered.**

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of S**

**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	<b>D</b> <b>OBERMANN, JOSEPH E</b> <b>90800 OVERSEAS HWY.</b> <b>TAVENIER FL 33070</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 attached address, with authority empowered.**

SIGNATURE: *Joe Obermann*      Date: *3-1-01*      Daytime Phone #: *305-552-0100*

CR2E034 (10/00)