

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90012 018 ***150.00

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DOCUMENT # P00000032628

1. Entity Name

~~PIPE PLUS USA, INC.~~

Taylor Made Plastics & Associates, Inc.

Principal Place of Business

5325 ASTON COURT
 SARASOTA FL 34233

Mailing Address

5325 ASTON COURT
 SARASOTA FL 34233

2. Principal Place of Business

3. Mailing Address

3355 BEARSS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMP FL

Zip

Country

Zip

Country

33618

U.S.

4. FEI Number

65-0992672

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

LARKIN, LUKE M
4510 KIPLING CIR
SARASOTA FL 34241

Name

WALTER SANDERS

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

3355 BEARSS AVE.

City

TAMPA

FL

Zip Code

33618

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

Walter Sanders

Walter Sanders

2/28/02

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

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LARKIN, KEVIN M	
STREET ADDRESS	5325 ASTON COURT	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARNETT, JOE	
STREET ADDRESS	5325 ASTON COURT	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kevin M. Larkin *Kevin Larkin*

3/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)