

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90081 018 ***150.00

DOCUMENT # P01000089761

1. Entity Name
BINDING PLUS INC.

Principal Place of Business

**5441 FULMAR DRIVE
TAMPA FL 33625**

Mailing Address

**5441 FULMAR DRIVE
TAMPA FL 33625**

2. Principal Place of Business

5441 Fulmar Drive

Suite, Apt. #, etc.

Tampa, Fla.

City & State

33625

Zip

↓

Country

Hillsborough

3. Mailing Address

5441 Fulmar Dr.

Suite, Apt. #, etc.

Tampa, Fla.

City & State

Tampa, Fla.

Zip

33625

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3747584

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEVOE, DEBBIE L.
5441 FULMAR DRIVE
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name **Devoe, Debbie L.**
Street Address (P.O. Box Number is Not Acceptable)
5441 Fulmar Drive
Tampa, ↓
City **FL** Zip Code **33625**

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 **Debbie L. Devoe** **Debbie L. Devoe** **4/20/02**

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

TITLE **President** ☐ Delete

NAME **Debbie L. Devoe**
STREET ADDRESS **5441 Fulmar Dr.**
CITY-ST-ZIP **Tampa, Fla. 33624**

TITLE **Vice President** ☐ Delete

NAME **Johnny W. Bass**
STREET ADDRESS **5822 N. Dale Ave.**
CITY-ST-ZIP **Tampa, Fla. 33625**

TITLE **Secretary** ☐ Delete

NAME **Thomas Devoe Sr.**
STREET ADDRESS **5441 Fulmar Dr.**
CITY-ST-ZIP **Tampa, Fla. 33625**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE: **Debbie L. Devoe** **Debbie L. Devoe** **4/20/02** **813-908-3021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)