

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90100 032 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000110028

1. Entity Name
 PLASTICASH, INC.

Principal Place of Business 6475 102ND AVENUE PINELLAS PARK FL 33782	Mailing Address 6475 102ND AVENUE PINELLAS PARK FL 33782
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2. Principal Place of Business 204 37th AVENUE NORTH Suite, Apt. #, etc. # 344 City & State ST. PETERSBURG, FL Zip 33704 Country USA	3. Mailing Address 204 37th AVENUE NORTH Suite, Apt. #, etc. # 344 City & State ST. PETERSBURG, FL Zip 33704 Country USA
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4. FEI Number 59-3758041	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145

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.

SIGNATURE _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PD NAME LASKER, DONALD J STREET ADDRESS 6475 102ND AVENUE CITY-ST-ZIP PINELLAS PARK FL 33782	<input type="checkbox"/> Delete
TITLE SD NAME KRIEBEL, BONNIE L STREET ADDRESS 6475 102ND AVENUE CITY-ST-ZIP PINELLAS PARK FL 33782	<input type="checkbox"/> Delete
TITLE TD NAME SENOKOSSOFF, BARBARA D STREET ADDRESS 6475 102ND AVENUE CITY-ST-ZIP PINELLAS PARK FL 33782	<input checked="" 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES. NAME LASKER, DONALD J. STREET ADDRESS 204-37th AVENUE NORTH #344 CITY-ST-ZIP ST. PETERSBURG, FL 33704	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC. NAME KRIEBEL, BONNIE L. STREET ADDRESS 204-37th AVENUE NORTH #344 CITY-ST-ZIP ST. PETERSBURG, FL 33704	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.

SIGNATURE: Bonnie L. Kriebel **BONNIE L. KRIEBEL** 04/30/02 727-521-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)