

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90136 025 ***150.00

DOCUMENT # P93000022774

1. Entity Name
REUSE IT PLASTICS, INC.

Principal Place of Business
2553 N. ATLANTIC AVENUE
SUITE 263
DAYTONA BEACH FL 32118-3203
US

Mailing Address
2553 N. ATLANTIC AVENUE
SUITE 263
DAYTONA BEACH FL 32118-3203
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1500 Beville Road
 Suite, Apt. #, etc.
Suite 606 PMB238
 City & State
DAYTONA BEACH
 Zip Country
32114-5644 USA

3. Mailing Address
1500 Beville Rd
 Suite, Apt. #, etc.
Suite 606 PMB238
 City & State
DAYTONA BEACH
 Zip Country
32114-5644 USA

4. FEI Number **59-3171821** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOUCKS, WILLIAM E
444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH FL 32118

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 *Barbara Canter* DATE 1/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete
NAME	CANTER, BARBARA
STREET ADDRESS	2553 N. ATLANTIC AVENUE, SUITE 263
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	1500 BEVILLE RD. SUITE 606
STREET ADDRESS	PMB 238
CITY-ST-ZIP	DAYTONA BEACH, FL 32114-5644
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: *Barbara Canter* DATE 1/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)