

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032547

1. Entity Name

PLASTIC SERVICES, INC.

FILED  
Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90020 025 \*\*\*150.00

Principal Place of Business

MARSH HAMMOCK DR EAST  
SCUNVILLE FL 32224

Mailing Address

4766 MARSH HAMMOCK DR EAST  
JACKSONVILLE FL 32224-4869  
US

A0021076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3181464

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PROSEK, MICHAEL E  
4766 MARSH HAMMOCK DR EAST  
JACKSONVILLE FL 32224

Name

MICHAEL

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

City

FL

Zip Code

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.

MICHAEL E PROSEK  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-4-00

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, 2000 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

## OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|        |   |                                 |  |   |
|--------|---|---------------------------------|--|---|
| ST ZIP | P<br>PROSEK, MICHAEL E<br>4766 MARSH HAMMOCK DR EAST<br>JACKSONVILLE FL 32224 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E034 (9/99)

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.

MICHAEL E PROSEK  
Signature and Typed or Printed Name of Signing Officer or Director

2-4-00

904-992-4766

Date

Daytime Phone #