

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90020 025 ***150.00

DOCUMENT # P93000032547

1. Entity Name

PLASTIC SERVICES, INC.**A0021076**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

MARSH HAMMOCK DR EAST
JACKSONVILLE FL 32224**4766 MARSH HAMMOCK DR EAST**
JACKSONVILLE FL 32224-4869
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3181464

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

NAME	ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P		<input type="checkbox"/>	PROSEK, MICHAEL E				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: **MICHAEL E PROSEK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

904-992-4766

Daytime Phone #