

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90055 029 ***158.75

DOCUMENT # P93000046556

1. Entity Name

CONSOLIDATED POLYMER TECHNOLOGIES, INC.

Principal Place of Business

11811 62ND ST N
LARGO FL 34643
US

Mailing Address

4370 112TH TERRACE N
CLEARWATER FL 33762-4902
US

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

59-3194873

Applied For

Not Applicable

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

KLINGEL, ROBERT R
5260 113TH AVE N
CLEARWATER FL 34620

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

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CARPENTER, LARRY R	P.O. BOX 1636	BRADENTON FL 34206	<input type="checkbox"/>
VPD	KLINGEL, ROBERT R	15530 GULF BLVD.	REDINGTON BEACH FL 33708	<input type="checkbox"/>
VPD	JOHNSON, THEODORE D	2219 GLENMOOR RD SOUTH	CLEARWATER FL 34624	<input type="checkbox"/>
SD	KLINGEL, DIANE M	15530 GULF BLVD.	REDINGTON BEACH FL 33708	<input type="checkbox"/>
TD	TOTTLE, DAVID J	5044 KILKENNEY COURT	OLDSMAR FL 34677	<input type="checkbox"/>
VPD	CARPENTER, LINDA	P.O. BOX 1636	BRADENTON FL 34206	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Tottle

3/15/00

Date

727-573-7676

Daytime Phone #

CR2E034 (9/99)