

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90141 023 \*\*\*158.75

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**DOCUMENT # P93000046556**

1. Entity Name

**CONSOLIDATED POLYMER TECHNOLOGIES, INC.**



Principal Place of Business  
**4451 110TH AVENUE NORTH  
CLEARWATER FL 33762  
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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **CARPENTER, LARRY R**  
STREET ADDRESS **P.O. BOX 1636**  
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **KLINGEL, ROBERT R**  
STREET ADDRESS **15530 GULF BLVD.**  
CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **KLINGEL, DIANE M**  
STREET ADDRESS **15530 GULF BLVD.**  
CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **TOTTE, DAVID J**  
STREET ADDRESS **5044 KILKENNEY COURT**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **CARPENTER, LINDA**  
STREET ADDRESS **P.O. BOX 1636**  
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**NOT RECORDED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert R. Klingel V.P.**

**4-15-2003 727-573-7626**

Date

Daytime Phone #

CR2E034 (10/02)