

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076577

1. Entity Name

ASTRAL PRODUCTS, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90042 017 \*\*\*150.00

Principal Place of Business

Mailing Address

8003 WESTSIDE INDUSTRIAL DRIVE  
JACKSONVILLE FL 32219

8003 WESTSIDE INDUSTRIAL DRIVE  
JACKSONVILLE FL 32219-3238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3207335

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

RAX CO.  
C/O MAHONEY ADAMS & CRISER, P.A.  
50 N. LAURA ST., 3300 BARNETT CENTER  
JACKSONVILLE FL 32202

Name RAX CO.  
C/O MCGUIRE, WOODS, BATTLE & BOOTHE  
Street Address (P.O. Box Number is Not Acceptable)  
50 NORTH LAURA STREET, SUITE 3300  
BARNETT CENTER  
City JACKSONVILLE FL Zip Code 32202

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	DP CORBERA, BERNARDO 8525 MALLORY ROAD JACKSONVILLE FL 32220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANES, JOAN P CARRER DELS AMETLLERS #6 BARCELONA, SPAIN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARREBOLA, PEDRO 8525 MALLORY ROAD JACKSONVILLE FL 32220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORBERA, BERNARDO 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32219-3238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANES, JOAN P. CARRER DELS AMETLLERS NO. 6, 08213 POLINYA BARCELONA, SPAIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARREBOLA, PEDRO 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 32219-3238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

02/02/00

Date

Daytime Phone #

CR2E034 (9/99)