

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001661

1. Entity Name

PLASTOLAN-RITTER CORPORATION OF AMERICA

Principal Place of Business

5770 ENTERPRISE PARKWAY
FT. MYERS FL 33905
US

Mailing Address

5770 ENTERPRISE PARKWAY
FT. MYERS FL 33905-5005
US

2. Principal Place of Business

5834 ENTERPRISE PKWY
Suite, Apt. #, etc.

3. Mailing Address

5834 ENTERPRISE PKWY
Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-0465462

Applied For

Not Applicable

Zip

33905

Country

USA

Zip

33905

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALBREATH, PAMELA
304 CAROL WAY
FT. MYERS FL 33905

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
PSTD
LANGENBACH, KLAUS
BACHSTRASSE 14
59530 LIPPSTADT GERMANY ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GALBREATH, PAMELA
304 CAROL WAY
FT. MYERS FL 33905 ☐ Delete

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

TITLE
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☐ Delete

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

Date

Daytime Phone #

Klaus-Langenbach, President 4-5-2000 941-694-5325

CR2E034 (9/99)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90156 029 ***158.75



DO NOT WRITE IN THIS SPACE