

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020547

1. Entity Name

PLASTEC, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90079 001 \*\*\*300.00

Principal Place of Business

Mailing Address

2860 SCHERER DR  
SUITE 600  
ST. PETERSBURG FL 33710

2860 SCHERER DR  
SUITE 600  
ST. PETERSBURG FL 33716-1023

0000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2870 Scherer Dr  
Suite, Apt. #, etc.  
Suite 300

Suite, Apt. #, etc.

City & State  
St. Petersburg, FL

City & State

4. FEI Number 59-3234350

Applied For  
Not Applicable

Zip 33716

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

CLOUGH, JOHN  
2860 SCGERER DRIVE  
SUITE 600  
ST. PETERSBURG FL 33716

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 300

City St. Petersburg

FL

Zip Code 33716

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 P  
NAME CLOUGH, JOHN  
STREET ADDRESS 1438 JUNGLE AVE NO.  
CITY-ST-ZIP ST.PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME MARGARET CLOUGH  
STREET ADDRESS 1438 JUNGLE AVE NO.  
CITY-ST-ZIP ST.PETERSBURG FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 #

413.00 727 5712272

CR2E034 (9/99)