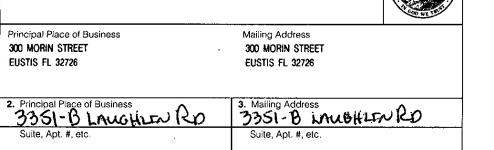
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



**FILED** Apr 16, 2003 8:00 am \$ Secretary of State ,

04-16-2003 90137 032 \*\*\*150.00

| DOCUMENT #                        | P94000033176 |  |
|-----------------------------------|--------------|--|
| i. Entity Name  COMPLETE CUSTOM F | PLASTIC INC. |  |





| 3351-B LAUGHLEN RD 3351-B LAUGHLES   |  |                              |              | ماكن   |                        | ,  |                 |                          |                                |
|--|--|------------------------------|--------------|--|------------------------|--|-----------------|--------------------------|--------------------------------|
| Suite, Apt.  | #, etc   | Suite, Apt. #, etc.          |              | CHECK HERE IF MAKING CHANGES                       |                        |  |                 |                          |                                |
| City & State 252 City & |  | 4. FEI Numbe                 |              | <sup>ber</sup> 59-3272535                          |                        | <del></del>                                    | Applied For     |                          |                                |
| 7914   | 0000 1 -   | ZELLWOOD,                    | 35-3212      |  |                        | Not Ap   |                 |                          |                                |
| Zip 321  | 198 ORANGE   | 3279E                        | Coun         | WG G   | 5. Certificat          | te of Status Desired                           |                 | <b>3.75</b> A<br>e Requi | dditional<br>red               |
| 6. Name and Address of Current Registered Agent  |  |                              |              | 7. Name and Address of New Registered Agent        |                        |  |                 |                          |                                |
| THORTON COOTT  |  |                              |              | Name THORNEW, Scott                                |                        |  |                 |                          |                                |
| THORTON, SCOTT<br>1752 COLD SPRINGS CT.  |  |                              |              | Street Address (P.O. Box Number is Not Acceptable) |                        |  |                 |                          |                                |
| APOPKA FL 32712  |  |                              |              |  |                        |  |                 |                          |                                |
|  |  |                              |              | CityTAV  | ARUS                   |  | FL              | Zip Co                   | <sup>de</sup> 778              |
|  | named entity submits this statement for  | the purpose of changing its  | registere    | ed office or regis                                 | stered agent, or b     | oth, in the State of Flo                       | rida. I am fam  | iliar with               | i, and accept                  |
| the obligat  | ions of registered, agent.   | =                            |              |  |                        |  | <i>i</i>        |                          |                                |
| SIGNATURE SCOT STORY 4/10/03   |  |                              |              |  |                        |  |                 |                          |                                |
|  | Signature, typed or printed name of registered agent as  | nd title if applicable. (NOT | E: Registere | d Agent signature requ                             | ired when reinstating) |  | DATE            |                          |                                |
| After  | ILE NOW!!! FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>c Payable to Florida Department of | State                        |              |  |                        | Election Campaign Fir<br>rust Fund Contributio |                 |                          | <b>00</b> May Be<br>ed to Fees |
| 0.   | OFFICERS AND E   | DIRECTORS                    | 11.          |  |                        | S/CHANGES TO OFF                               |                 | RECTO                    | RS IN 11                       |
| ITLE   | Р  | ☐ Delete                     | TITLE        | P  | 1,20 - 2-70 1          | Scott<br>extrovar                              | 2               | Change                   | ☐ Addition                     |
| IAME   | THORNTON, SCOTT  | •                            | NAM          | 100  |                        | ail tallia                                     | n Alux          |                          |                                |
| TREET ADDRESS  | 1752 COLD SPRINGS CT.  |                              | STRE         | et address   🖰 🕽                                   | B N. KO                | CHANG. CA. 11.                                 | · · · · · · · · |                          |                                |

TMUNRES, FC. 32778 CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP RECHEY, SHARWY 4462 CR 508 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME RICHEY, SHARON STREET ADDRESS STREET ADDRESS 230 COUNTRY ROAD 210 CITY-ST-ZIP CITY-ST-ZIP OXFORD FL 34484 WELDWOOD. FC TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 if 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.