

2000 UNIFORM BUSINESS REPORT (UBR)

5/19

FILED
Jul 06, 2000 8:00 am
Secretary of State

05-19-2000 90088 026 ***150.00

DOCUMENT # P94000041799

1. Entity Name
THE SOURCE FOR PLASTICS, INC.

Principal Place of Business: **2338 IMMOKALEE ROAD, # 107 NAPLES FL 33942**
 Mailing Address: **9598-24 HALYARDS CT FT MYERS FL 33908-6201 US**
8861 KING LEAR CT FT MYERS FL 33908

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
8861 KING LEAR CT
 City & State: **FT MYERS FL**
 Zip: **33908** Country: **US.**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DEWULF, EVAN
9598-24 HALYARDS CT
FT MYERS FL 33919
8861 KING LEAR CT FT MYERS FL 33908

7. Name and Address of New Registered Agent
 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]* **EVAN DEWULF** DATE: **4/30/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASHTON, JAMES P	
STREET ADDRESS	1438 ARGYLE DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evan Dewulf	
STREET ADDRESS	8861 King Lear Ct	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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]* **EVAN DEWULF** DATE: **4/30/2000** DAYTIME PHONE #: **941 481 7064**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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