

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000094247

1. Entity Name

INTERNATIONAL BUMPER & PLASTICS, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90178 004 ***150.00

Principal Place of Business

4188 104TH AVENUE NORTH
CLEARWATER FL 33762
US

Mailing Address

4188 104TH AVENUE NORTH
CLEARWATER FL 33762-5409
US

642147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10571 36th ST. N.

Suite, Apt. #, etc.

~~Clearwater Florida~~

City & State
Clearwater Florida

Zip Country
33762 USA

3. Mailing Address

10571 36th ST. N.

Suite, Apt. #, etc.

~~Clearwater Florida~~

City & State
Clearwater Florida

Zip Country
33762 USA

4. FEI Number

59-3285138

Applied For

Not Applicable

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

DUKES, ROBERT
4188 104 AVE N
CLEARWATER FL 33762

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

Robert Dukes

Robert Dukes

4-15-00

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	PT	<input type="checkbox"/> Delete
NAME	DUKES, ROBERT N	
STREET ADDRESS	4188 104 AVE N	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DUKES, TERRI L.	
STREET ADDRESS	4188 104 AVE N	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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)(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:

Robert Dukes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

727-572-0206

Daytime Phone #

CR2E034 (9/99)