

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017030

1. Entity Name

ON LINE PLASTIC PRODUCTS, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90135 024 \*\*\*150.00

Principal Place of Business

1384 FOREST LAWN CT  
TARPON SPRINGS FL 34689  
US

Mailing Address

1384 FOREST LAWN CT  
TARPON SPRINGS FL 34689-3920  
US

00006127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~1007 Sawgrass DR~~ 1007 Sawgrass DR  
Suite, Apt. #, etc.  
Tarpon Spring  
City & State  
FL

3. Mailing Address

~~1007 Sawgrass DR~~ 1007 Sawgrass DR  
Suite, Apt. #, etc.  
Tarpon Springs  
City & State  
FL

4. FEI Number 59-3308119

Applied For  
Not Applicable

Zip 34689 Country Pinellas

Zip 34689 Country Pinellas

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERMINO, MICHAEL  
927 KLOSTERMAN ROAD  
TARPON SPRINGS FL 34689

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, 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

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	BAKER, YVONNE	
STREET ADDRESS	1384 FOREST LAWN COURT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	BAKER, YVONNE	<input type="checkbox"/> Delete
NAME	BAKER, YVONNE	
STREET ADDRESS	1384 FOREST LAWN COURT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAKER, RANDALL	
STREET ADDRESS	1384 FOREST LAWN CT.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Yvonne Baker* Yvonne Baker 1/14/2000 727-942-7626

CR2E034 (9/99)