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5.00 May Be	

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DOCUMENT #

1. Entry Name THE PLASTIC,

DO NOT WRITE IN THIS SPACE		TALLAHASSEE, FLORIDA		
2. Principal Place of Business 2000 AVE P	3. Mailing Address		01.02.100	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		O O WRITEN SEE	
RIVIERA BOH FL	City & State AM	E	4. FEI Number 676 1 33 Applied For Not Applicable	
33404 PBC	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name SUS		7. Name and Address of Current Registered Agent SUS AN BENKO. Address (P.O. Box Numbers Mark Agentable)		
City FL Zip Coth 404				
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)	ax filing requirement and elects to do so.		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11. OFFICERS AND	DIRECTORS			
TITLE NAME PLESIPENT STREET ADDRESS CITY-ST-ZIP PLEM BSACH	WWA GDNSFLBBY	TITLE NAME STREET ADDRESS CAY-ST-ZIP	; LS	
TITLE NAME STREET ADDRESS CITY-SI-ZIP SUSJAN BEARI SECT TEENS LEGILLARY DALLY BOTH SO	es wat	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000050971581. -03/12/0201052021 ****300.00 *****300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR



The Plastic Trading Company

Recycled Plastic Lumber and Manufacturing
Decks • Docks • Railings • Fences • Signs • Furniture

AHachment DOC# 292

TO WHOM IT MAY CONCERN, I AM PAYING YOU FOR 2001 AND 2002. YOUR OFFICE SENT ME THIS FORM AFTER I DISCOVERED YOU HAD DISSOLVED OUR COMPANY. YOU SENT THE BICK TO A PREVIOUS ADDRESS. THAT GOT RETURNED TO YOU. MS. LEWIS TOLD US TO REX 2 yes - NO PENSITIES. THANK YOU FOR YOUR ASSISTANCE

SUSAN BOXES