

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

04-27-2001 90273 050 ***150.00

DOCUMENT # P97000014516

1. Entity Name

SUNCO PLASTICS, INC.

(L#)

Principal Place of Business

**8501 NW 90TH ST
 MEDLEY FL 33166-2187
 US**

Mailing Address

**8501 NW 90TH ST
 MEDLEY FL 33166-2187
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0729041**

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

BAILEY, HAROLD

**7030 NW 37TH COURT
 MIAMI FL 33147**

**8501 NW. 90th Street
 medley, Fl.
 33166-2187**

Name

HAROLD BAILEY

Street Address (P.O. Box Number is Not Acceptable)

**8501 NW. 90th Street
 medley, Fl. 33166-2187**

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

Harold Bailey

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

05-09-01

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, 2001 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 **DPST** ☐ Delete
 NAME **BAILEY, HAROLD**
 STREET ADDRESS **8501 NW 90TH ST**
 CITY- ST- ZIP **MEDLEY FL 33166-2187**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Change ☐ 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:

Harold Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-09-01

Date

Daytime Phone #

CR2E034 (10/00)