

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083328

1. Entity Name

PLASTIC DESIGN CORP.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90074 046 ***150.00

00018455



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~2100 TRADE CENTER WAY~~
~~SUITE G~~
~~NAPLES FL 34109~~
~~US~~

PO BOX 279
BONITA SPRINGS FL 34133
US

2. Principal Place of Business

3. Mailing Address

1725 Fessler St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

City & State

Zip

34223

Country

USA

Zip

Country

4. FEI Number 59-3471261

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

AMBURN, JAMES W
28000 SPANISH WELLS BLVD
BONITA SPRINGS FL 34135

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS WEIGL, A 2100 TRADE CENTER WY SUITE G NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEIGL, A 2100 TRADE CENTER WY SUITE G NAPLES FL 34109	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS WEIGL, A 1725 Fessler St. ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adolf Weigl

02/15/01

Date

941-992-3355

Daytime Phone #

CR2E034 (10/00)