

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102320

1. Entity Name

MI PLASTICS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90218 026 ***150.00

Principal Place of Business

Mailing Address

1985 CARROLL STREET
CLEARWATER FL 34625

1985 CARROLL STREET
CLEARWATER FL 33765-1909

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

59-3480508

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

POPPLETON, JAY K
18336 WAYNE RD.
ODESSA FL 33556

Name

Jay K Poppleton

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

700 Orange Street

City

Palm Harbor

FL

Zip Code

34683

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GUTHRIE, SARAH W
1985 CARROLL STREET
CLEARWATER FL 34625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director & Secretary ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POPPLETON, JAY K
1985 CARROLL STREET
CLEARWATER FL 34625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director & President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DESOTO, PETER
175 GREEN ACRES
ELIZABETHVILLE PA 17023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director & CEO ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP FINANCE
JANET FASENMYER
1310 N HERCULAS AVE
CLEARWATER, FL 33765 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00