2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P97000102320 1. Entity Name MI PLASTICS, INC. 05-01-2001 90107 011 ***150.00 Principal Place of Business Mailing Address 1985 CARROLL STREET 1985 CARROLL STREET CLEARWATER FL 34625 **CLEARWATER FL 34625** A00608402. Principal Place of Business 3. Mailing Address 961 N HER CULIS SUI NHERWUS AUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3480508 es mater Not Applicable \$8.75 Additional Certificate of Status Desired. Fee Required - ~ 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---Name POPPLETON, JAY K Street Address (P.O. Box Number is Not Acceptable) 700 ORANGE STREET PALM HARBOR FL 34683 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE **GUTHRIE, SARAH W** NAME NAME 861 N HERCULS AUE STREET ADDRESS 1985 CARROLL STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34625 Delete TITLE POPPLETON, JAY K NAME NAME FUI N HERCULES AUE STREET ADDRESS 1985 CARROLL STREET STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34625 CITY-ST-ZIP DCEO. Delete TITLE -TITLE ---DESOTO, PETER NAME NAME SOIN HERCULS AUE STREET ADDRESS 175 GREEN ACRES STREET ADDRESS CITY-ST-ZIP **ELIZABETHVILLE PA 17023** CITY-ST-ZIP CIERRUPTURE FL 3371 TITLE ☐ Delete TITLE FASENMYER, JANET NAME NAME 861 N HERCILES AUE STREET ADDRESS 1310 N HERCULOS AVENUE STREET ADDRESS CITY-ST-ZIP CIEARWATER FL 33765 CITY-ST-ZIP **CLEARWATER FL 33765** ☐ Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4/25/61 (727) 461-050