

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000228

1. Entity Name

ADVANCED PLASTICS TECHNOLOGIES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90001 013 ***150.00

Principal Place of Business Mailing Address
930 N HALIFAX DRIVE 930 N HALIFAX DRIVE
ORMOND BEACH FL 32176 ORMOND BEACH FL 32176-4169

2. Principal Place of Business 3. Mailing Address
470 Andalusia Ave 470 Andalusia Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ormond Beach, FL Ormond Beach, FL
Zip Country Zip Country
32174 US 32174 US

4. FEI Number 59-3486705
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

BADOVICK, JEFFREY P
930 N HALIFAX DRIVE
ORMOND BEACH FL 32176

Name Jeffrey P. Badovick
Street Address (P.O. Box Number is Not Acceptable)
470 Andalusia Ave
City Ormond Beach FL Zip Code 32174

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 Jeffrey Badovick 2/14/2000
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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADOVICK, JEFFREY P 930 N HALIFAX DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, THOMAS G 57 WINDRIFT COURT ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	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"/> Delete	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 all other like empowered.

SIGNATURE: Jeffrey Badovick 2/14/00 904-676-7741
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)