2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024561

FILED Apr 05, 2000 8:00 am

	LLY PLASTE	RING, INC.				Secreta 1 04-05-2000 90	ry of Sta 0091 028 ***150	
1849 MARAVILLA AVE. #C-14 18			Mailing Address 1849 MARAVILLA AVE. #C-14 FORT MYERS FL 33901-7140					
7141	Place of Business		3. Mailing Address 7141 Pinn	iaele De.			ALTHIC COACE	
Suite, Apt.		- -	# D-22	· 		DO NOT WRITE I	IN THIS SPACE	
City & State	MUER	S.F.	City & State	S.FL	4. FEI Numbe	59-3492290		pplied For ot Applicable
Zip 339	7 7 7	country USA	Zip 33907	Country	1	of Status Desired	S8.75 Ad Fee Require	ditional
	6. Name and	Address of Current F	Registered Agent	Name	7. Name and	Address of New Regi	stered Agent	
KAYUSA, MICHAEL F					s (P.O. Boy Numbe	r is Not Acceptable)		
1922	VICTORIA AVI	E. STE. A		Oliget Address	J. J. S. BOX Mullibe			
FI. R	MYERS FL 339	UI		Cib			□ Zip Coo	
				City	<u> </u>		FL Zip Coo	
9 This corne	oration is eligible.	الماطاني سامعها لمطار الأمانيهم للم						
Tax filing n (See criter	requirement and or ria on back)		After MAY 1, 2 Make Check Paya	/!!! FEE IS \$150.00 1000 Fee will be \$550.01 able to Department of S	tate	ction Campaign Finances Fund Contribution.	☐ Adde	00 May Be d to Fees
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS	sequirement and oria on back) SDVT KELLY, DON 1849 MARAY	OFFICERS AND E	After MAY 1, 2 Make Check Paya DIRECTORS Delete	12.	tate		☐ Adde	d to Fees
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SDVT KELLY, DON 1849 MARAV FORT MYERS P KELLY, DON 1849 MARAV	OFFICERS AND DELLA AVE. #C-14-15 BLIA AVE. #C-14-15 BLIA AVE. #C-14-17	After MAY 1, 2 Make Check Paya DIRECTORS Delete 7141 PANACLE G07 Delete	12. TITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE	tate	st Fund Contribution.	RS AND DIRECTOR	d to Fees
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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 attackment with an address, with all other like empowered.

SIGNATURE: AME OF SIGNING OFFICER OR DIRECTOR