2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000041187 Feb 24, 2000 8:00 am 1. Entity Name Secretary of State ALL PLASTICS, INC. 02-24-2000 90031 049 ***150.00 Principal Place of Business Mailing Address 3568 WALDEN LANE 3568 WALDEN LANE WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406-5633 3. Mailing Address 2. Principal Place of Business 82<u>11-2 Bama Lane</u> Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0833965 Not Applicable West Palm Beach. Country Country \$8.75 Additional 33411 5. Certificate of Status Desired Palm Beach Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Edward G. Starr RUSSELL, KERRIE S Street Address (P.O. Box Number is Not Acceptable) 3568 WALDEN LANE 1155 Hillsboro Mile #601 WEST PALM BEACH FL 33406 Zip Code 33062 City Hillsboro Beach 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 Starr, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. [X] Change ☐ Addition **PDS** TITLE Pres. TITLE Delete RUSSELL, KERRIE S NAME Edward G. Starr NAME 3568 WALDEN LANE STREET ADDRESS STREET ADDRESS 1155 Hillsboro Mile #601 CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-ZIP <u> Hillsboro Beach, FL 33062</u> ☐ Addition Change Delete TITI E TITLE RUSSELL, ERIC W NAME NAME STREET ADDRESS 3568 WALDEN LANE STREET ADDRESS CITY-ST-ZIP WEST-PALM-BEACH-FL 33406 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 employed.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

2/11/00

3761-792-4944

☐ Change

Addition