

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071124

1. Entity Name

PLASTOLAN CORPORATION

Principal Place of Business

5770 ENTERPRISE PARKWAY
FORT MYERS FL 33905

Mailing Address

5770 ENTERPRISE PARKWAY
FORT MYERS FL 33905-5029

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90046 001 ***158.75

LUU42450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5884 ENTERPRISE PKWY

3. Mailing Address

5884 ENTERPRISE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number

65-0858562

Applied For

Not Applicable

Zip

33905

Country

USA

Zip

33905

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALBREATH, PAMELA
5770 ENTERPRISE PARKWAY
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name JODI McGRATH

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

5884 ENTERPRISE PKWY

City FT. MYERS

FL

Zip Code 33905

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

JODI McGRATH VICE PRESIDENT

3/16/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST LANGENBACH, KLAUS 5770 ENTERPRISE PARKWAY FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALBREATH, PAMELA 5770 ENTERPRISE PARKWAY FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST LANGENBACH, KLAUS 5884 ENTERPRISE PKWY FT. MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VEE JODI McGRATH 5884 ENTERPRISE PKWY FT. MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

JODI McGRATH VICE PRESIDENT

3/16/00 (941) 694-5325

Daytime Phone #

CR2E034 (9/99)