

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90136 042 \*\*\*158.75  
04-16-2001 90044 011 \*\*\*158.75

**DOCUMENT # P98000071124**

1. Entity Name  
**PLASTOLAN CORPORATION**

Principal Place of Business

**5884 ENTERPRISE PKWY  
FORT MYERS FL 33905  
US**

Mailing Address

**5884 ENTERPRISE PKWY  
FORT MYERS FL 33905  
US**

**00030790**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2209 SW 15th Avenue**

3. Mailing Address

**2209 SW 15th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Cape Coral, FL**

City & State

**Cape Coral, FL**

4. FEI Number **65-0858562**

Applied For

Not Applicable

Zip **33991**

Country **Lee**

Zip **33991**

Country **Lee**

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

**MCGRATH, JODI  
5884 ENTERPRISE PKWY  
FORT MYERS FL 33905**

**Jean Ann Gogerty  
2209 SW 15th Avenue  
Cape Coral FL 33991**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST LANGENBACH, KLAUS 5884 ENTERPRISE PKWY FORT MYERS FL 33905</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MCGRATH, JODI 5884 ENTERPRISE PKWY FORT MYERS FL 33905</b> <input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>517 Columbus Avenue Lehigh Acres, FL 33936</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V JEAN ANN GOGERTY 2209 SW 15th Avenue Cape Coral, FL 33991</b>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/01**

Date

**(941) 722-0821**

Daytime Phone #

CR2E034 (10/00)