

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90172 025 ***150.00

0494195 AV

DOCUMENT # P98000071124

1. Entity Name
PLASTOLAN CORPORATION

Principal Place of Business

**2209 SW 15TH AVE
 CAPE CORAL FL 33991
 US**

Mailing Address

**2209 SW 15TH AVE
 CAPE CORAL FL 33991
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

31 GREENWOOD AVE

3. Mailing Address

31 GREENWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

City & State

LEHIGH ACRES, FL

4. FEI Number

65-0858562

Applied For

Not Applicable

Zip

Country

33936 US

Zip

Country

33936 US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GOGERTY, JEAN ANN
 2209 SW 15TH AVENUE
 CAPE CORAL FL 33991**

7. Name and Address of New Registered Agent

Name **BERNHARD Mummert**

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

City **LEHIGH ACRES FL** Zip Code **33936**

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **BERNHARD Mummert 04/11/02**

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, 2002 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 **PDST** ☐ Delete
 NAME **LANGENBACH, KLAUS**
 STREET ADDRESS **517 COLUMBUS AVE**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☒ Delete
 NAME **GOGERTY, JEAN ANN**
 STREET ADDRESS **2209 SW 15TH AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
 NAME **BERNHARD Mummert**
 STREET ADDRESS **31 GREENWOOD AVE**
 CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]* **BERNHARD Mummert 04/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-369-8317

CR2E034 (9/01)