

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094652

1. Entity Name

CUSTOM PLASTICS GROUP, INCORPORATED

Principal Place of Business

700 ATLANTIS RD
SUITE 205
MELBOURNE FL 32904

Mailing Address

700 ATLANTIS RD
SUITE 205
MELBOURNE FL 32904-2331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3539912

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WILEY, KENNETH J
2616 QUEBEC AVE
MELBOURNE FL 32935-8744

Name
KENNETH J. WILEY

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

SUITE 205

City
MELBOURNE,

FL Zip Code
32904

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 Kenneth J. Wiley, Vice President March 20, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WILEY, DORA L
STREET ADDRESS 700 ATLANTIS RD SUITE 205
CITY-ST-ZIP MELBOURNE FL 32904 ☐ Delete

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

TITLE D
NAME WILEY, KENNETH J
STREET ADDRESS 700 ATLANTIS RD SUITE 205
CITY-ST-ZIP MELBOURNE FL 32904 ☐ Delete

TITLE VICE PRESIDENT
NAME KENNETH J. WILEY
STREET ADDRESS 700 Atlantis Road Suite 205
CITY-ST-ZIP Melbourne, FL 32904 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Dora L. Wiley, President 03/20/00 321-724-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)