2001 UNIFORM BUSINESS REPORT (UBR)

04-26-2001 90107 011 ***150.00
P99000088617
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 PM 12:57

DOCUMENT # P99000088617

1. Entity Name
PLASTIC PRODUCTS, INC.

Principal Place of Business	Mailing Address
708 FARMERS MARKET RD. FT. PIERCE FL 34982	708 FARMERS MARKET RD. FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 13460	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce FL	City & State
Zip: 34979 Country: St. Lucie	Zip Country

4. FEI Number 65-0954278 ☐ Applied For ☐ Not Applicable

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
FASNACHT, C.R. 708 FARMERS MARKET RD. FT. PIERCE FL 34982	Name: FASNACHT G. Russell Street Address (P.O. Box Number is Not Acceptable): 6412 Oleander Ave City: Fort Pierce FL Zip: 34982

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 _____ DATE
(Signature and printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

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	PD FASNACHT, G.R. 6412 ORLEANDER AVENUE FT. PIERCE FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RUDDY, PAUL 2322 ST. LUCIE BLVD. FT. PIERCE FL 34946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BISCUP, SCOTT 19 ST. JAMES COURT W. BABYLON NY 11704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SP

CR2E034 (10/00)

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 _____ 4-17-01 561-460-0430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #