2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED DOCUMENT # 621715 Jan 29, 2000 8:00 am 1. Entity Name **PLANNING PHASE, INC. Secretary of State** 01-29-2000 90137 022 ***150.00 Mailing Address Principal Place of Business 1250 EAU GALLIE BLVD STE F 1250 EAU GALLIE BLVD STE F MELBOURNE FL 32935-5386 MELBOURNE FL 32935 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1922158 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired ... · Fee Required ·· 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES RICHARD O Street Address (P.O. Box Number is Not Acceptable) 1250 EAU GALLIE BLVD. SUITE F MELBOURNE FL 32935 Zip Code 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change Addition TITLE ☐ Delete TITLE SANDS JR, HERBERT J NAME STREET ADDRESS 1250 EAU GALLIE BLV #F STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP exemption systed in Section 119.07(3)(i), Florida Statutes. I further certify that the information of attitudes and have the same legal effect as if made under oath; that I am an officer or director acting to Chapter 607 13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that so of the corporation or the receiver or trustee empowered to execute this report as a solution of the corporation. changed, or on an attachment with an address, with all other like emp SIGNATURE: Herbert J. Sands Jr.