

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000001110**

1. Entity Name

PLASPET FLORIDA, L.C.

Principal Place of Business

**215 N. EOLA DRIVE
ORLANDO FL 32801**

Mailing Address

**POST OFFICE BOX 2809
ORLANDO FL 32802-2809**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**WEST, BRADFORD D
215 N. EOLA DRIVE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

HOCTOR, JAMES J.

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

215 N. Eola Drive

City

ORLANDO

FL

Zip Code

32801

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]

(NOTE: Registered Agent signature required when reinstating)

9/25/01

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

**500004616375--9
-09/28/01--01049--003
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LILICO, DAVID	
STREET ADDRESS	625 MCCUE ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VISKOVICH, LES	
STREET ADDRESS	625 MCCUE ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

09/25/01 407-808-9825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 SEP 26 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

9/26

4. FEI Number

59-3409330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

0002134

CR2E083 (5/01)

STAPLE CHECK HERE