

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90161 041 \*\*\*150.00

**DOCUMENT #** P01000082921  
 1. Entity Name  
 PLANIT, INC.

**Principal Place of Business**  
 126 Michigan Avenue  
 Indialantic, FL 32903

**Mailing Address**  
 % DOUGLASS A. PERSON, CPA  
 1413 So. Patrick Dr., Ste 7  
 Indian Harbour Beach, FL  
 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 126 Michigan Avenue

3. Mailing Address  
 1413 So. Patrick Drive

Suite, Apt. #, etc.  
 Suite 7

City & State  
 Indialantic, FL

City & State  
 Indialantic, FL

Zip  
 32903

Country  
 Brevard

Zip  
 32937

Country  
 Brevard

4. FEI Number  
 59-3743973

Applied?   
 Not App.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLASS A. PERSON, CPA, PA  
 1413 SO. PATRICK DRIVE, SUITE &  
 INDIAN HARBOUR BEACH, FL 32937

7. Name and Address of New Registered Agent

Name

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

City

FL 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 DOUGLASS A. PERSON  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/24/02  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 Max. Added to Fee.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles R. Tannerr 126 Michigan Avenue Indialantic, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4/24/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR