

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720949

1. Entity Name

P.L.T.H., INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90026 008 ****61.25

Principal Place of Business

Mailing Address

52 E. SOUTH STREET
% DON ASHER & ASSOCIATES INC
ORLANDO FL 32801

52 E. SOUTH STREET
% DON ASHER & ASSOCIATES INC
ORLANDO FL 32801-3308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1497279

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

DON ASHER & ASSOCIATES, INC.
52 E. SOUTH STREET
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete
NAME SCHULTZ, GEORGE
STREET ADDRESS 842 PARK LAKE CIR
CITY-ST-ZIP MAITLAND FL

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

TITLE PD ☐ Delete
NAME GUY, FRANK
STREET ADDRESS 934 PARK LAKE CIR
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE D ☒ Delete
NAME ABEEL, CINDY
STREET ADDRESS 903 PARK LAKE CIR
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Change ☒ Addition
NAME Ewen, Elaine
STREET ADDRESS 936 Park Lake Circle
CITY-ST-ZIP Maitland, FL 32751

TITLE TD ☐ Delete
NAME GORDON, MICKEY
STREET ADDRESS 872 PARK LAKE CIR
CITY-ST-ZIP MAITLAND FL

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

TITLE SD ☐ Delete
NAME ANGEL, ELAINE
STREET ADDRESS 878 PARK LAKE CIR
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE D ☐ Delete
NAME BRADLEY, STEVEN
STREET ADDRESS 814 PARK LAKE CIR
CITY-ST-ZIP MAITLAND FL 32751

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J. Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-2000

Date

(407) 425-4561

Daytime Phone #

CR2E037 (9/99)