

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 720949**

1. Entity Name

P.L.T.H., INC.

Principal Place of Business

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

Mailing Address

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

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHULTZ, GEORGE	
STREET ADDRESS	842 PARK LAKE CIR	
CITY-ST-ZIP	MAITLAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUY, FRANK	
STREET ADDRESS	934 PARK LAKE CIR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELAINE, EWEN	
STREET ADDRESS	936 PARK LAKE CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORDON, MICKEY	
STREET ADDRESS	872 PARK LAKE CIR	
CITY-ST-ZIP	MAITLAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANGEL, ELAINE	
STREET ADDRESS	878 PARK LAKE CIR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, STEVEN	
STREET ADDRESS	814 PARK LAKE CIR	
CITY-ST-ZIP	MAITLAND FL 32751	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherry Genovese	
STREET ADDRESS	868 Park Lake Circle	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry Isabelle	
STREET ADDRESS	940 Park Lake Circle	
CITY-ST-ZIP	Maitland, FL 32751	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90049 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)