

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 539858

1. Entity Name

PLANMAC COMPANY, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90165 021 ***158.75

Principal Place of Business

Mailing Address

165 N QUEEN ST
SUITE 201
ETOBICOKE, ONTARIO, CANADA M9C 1-A7

165 N QUEEN ST
SUITE 201
ETOBICOKE, ONTARIO, CANADA M9C 1-A7

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 59-1802852

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

CROWELL, GUS
91760 OVERSEAS HWY
TAVERNIER FL 33070

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME MAKSYMEC, ROBERT I
STREET ADDRESS 165 N QUEEN ST, #201
CITY-ST-ZIP ETOBICOKE, ONT, CAN M9C -1A7

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

TITLE D ☐ Delete
NAME MAKSYMEC, ROMA S.
STREET ADDRESS 165 NORTH QUEEN ST. #201
CITY-ST-ZIP ETOBICOKE, ONT, CAN, M9C 1A7

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

TITLE D ☐ Delete
NAME MAKSYMEC, ALEXANDER M.
STREET ADDRESS 165 NORTH QUEEN ST. #201
CITY-ST-ZIP ETOBICOKE, ONT, CAN, M9C 1A7

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Maksymec

Date

Jan 10, 2001

Daytime Phone #

416-626-5300

CR2E034 (10/00)