

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 555716

1. Entity Name

PLENUMS, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90023 040 ***150.00

Principal Place of Business

6501 49TH STREET NORTH
P.O. BOX 1915
PINELLAS PARK FL 33781
US

Mailing Address

P O BOX 1890
PINELLAS PARK FL 33780
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1781847**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, MELVIN J
6501 49TH STREET NORTH
PINELLAS PARK FL 33565

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

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

TITLE ☒ Delete
NAME MYERS, MELVIN J
STREET ADDRESS 3150 EAGLES LANDING CIR
CITY-ST-ZIP CLEARWATER, FL 0 34621

TITLE ☒ Delete
NAME MYERS, BARBARA
STREET ADDRESS 3150 EAGLES LANDING CIR
CITY-ST-ZIP CLEARWATER, FL 00000 34621

TITLE ☐ Delete
NAME MYERS, RICHARD
STREET ADDRESS 14615 DARTMORE LN
CITY-ST-ZIP TAMPA FL 33624 33626

TITLE ☐ Delete
NAME HOLLANDER, AUDREY M
STREET ADDRESS 2977 ELYSIUM WAY
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 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 #

737
521
3567

CR2E034 (10/00)

0527560