

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002549

1. Entity Name

PLANET CONSULTING, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90655 021 ***158.75

U0029130



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11225 DAVENPORT STREET, STE 103
OMAHA NE 68154

11225 DAVENPORT STREET, STE 103
OMAHA NE 68154

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

47-0805 012

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 C ☐ Delete
NAME SCHEIER, MICHAEL
STREET ADDRESS 14455 N. HAYDEN RD, STE 206
CITY-ST-ZIP SCOTTSDALE AZ

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

TITLE VD ☐ Delete
NAME MICHELS, ALAN
STREET ADDRESS 14455 N. HAYDEN RD, STE 206
CITY-ST-ZIP SCOTTSDALE AZ

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

TITLE STD ☐ Delete
NAME MOREY, JOHN
STREET ADDRESS 14455 N. HAYDEN RD, STE 206
CITY-ST-ZIP SCOTTSDALE AZ

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

TITLE D ☐ Delete
NAME CROGAHN, RAYMOND
STREET ADDRESS 275 S. MAIN ST., #5
CITY-ST-ZIP LONGMONT CO

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

TITLE D ☐ Delete
NAME WOFFORD, MIKE
STREET ADDRESS 11225 DAVENPORT ST.
CITY-ST-ZIP OMAHA NE

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

TITLE D ☒ Delete
NAME KELLEY, KEITH
STREET ADDRESS 10333 EAST DRY CREEK RD, STE 110
CITY-ST-ZIP ENGLEWOOD CO

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 #

402-330-2999

CR2E034 (10/00)