1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005219

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90165 030 ***150.00

1. Corporation Name PLANET SOLUTIONS, INC. Principal Place of Business A Mailing Address 2150 NW 33RD STREET 50 W. LIBERTY ST #890 RENO NV 89501-1948 POMPANO BEACH FL 33069 US									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
									10/06/1997					
2. Principal Pl	lace of Busines		2a.	2a. Mailing Address					4 FFI Number			App	ied For	
21				2150 N	w :	ᢃᢃ [℃]	Street	ナ	86-0871650			Not.	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certifcate of Status Desired		· -		ditional	
22				27 \\ \A''					5. Certificate of Status Desired					
City & State				City & State	ach.	ch.FL		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
Zip		Country	1	Zip		Country			8. This corporation owes the curr	ent year int		_	_	
24	2	·>		33069	30	<u> </u>	<u>AZ,</u>		Personal Property Tax.		Yes]No	
	9. Name a	nd Address of Current	t Regist	ered Agent			NI		10. Name and Address of New	Registered	Agent			
#I IN	TED TIMOTH	IV .I				81	Name							
HUNTER, TIMOTHY J						82	Street Ad	dres	ss (P.O. Box Number is Not Accept	able)				
2150 NW 33RD ST., #A POMPANO BEACH FL 33069						83								
rom	טאשם טווא זו	11 1 L 30003				03								
						84	City			FL	.] [_	Zip Co		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												egistered stered		
SIGNATURE	Signature, typed or	printed name of registered agent	and title if	applicable (I	OTE: Regis	itered Ager	t signature requ	ired v	when reinstating)	DATE				
12.		OFFICERS AND				13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRE	CTOR	S IN 12	
TITLE	P			☐ DELETE		1.1 TITLE					Cha	inge	☐ Addition	
NAME	Hunter, T	imothy j			1	1.2 NAME	ì							
STREET ADDRESS	2150 NW 3	3RD STREET #A			1	1.3 STREET	ADDRESS							
CITY-ST-ZIP	POMPANO	BEACH FL			_	1.4 CITY-S	r-ZIP							
TITLE	VP			☐ DELETE		2.1 TITLE					Cha	nge	☐ Addition	
NAME	HUNTER, L					2.2 NAME								
STREET ADDRESS		3RD STREET #A			1	2.3 STREET	ADDRESS							
CITY-ST-ZIP	POMPANO	BEACH FL		F∏ DC: ET		2. 4 CITY-S	T-ZIP				Cha		☐ Addition	
TITLE	}			☐ DELETE		3.1 TITLE)				[_] Olg	· ·Ac	☐ Addition	
NAME					1	3.2 NAME	}							
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP				☐ DELETE		3.4. CITY-S 4.1 TITLE	T-ZIP	—			[] Cha	nne	Addition	
TITLE (4. 2 NAME	1				L 5.14	3-		
NAME STREET ADDRESS							ADDRESS							
ĺ	l					4.4 CITY-S								
CITY-ST-ZIP TITLE	 			☐ DELETE		5.1 TITLE	1 - E/F				Cha	inge	Addition	
NAME						5.2 NAME						-	_	
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP	}					5.4 CITY-S	1							
TITLE				☐ DELETE		6.1 TITLE					Cha	inge	Addition	
NAME					Į,	5.2 NAME	-							
STREET ADDRESS					.	6.3 STREET	ADDRESS							
CITY-ST-ZIP					1,	6.4 C/TY-S	r-ZIP							

14. 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 annual report or supplemental annual 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 12 or Block 13 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

J. Hunter

Daytime Phone

CR2E034 (11/9