

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91210 016 ***150.00

DOCUMENT # F98000003959

1. Entity Name
PLAINVIEW TERMINAL COMPANY



Principal Place of Business
5300 BROKEN SOUND BLVD NW
BOCA RATON FL 33487
US

Mailing Address
5300 BROKEN SOUND BLVD NW
BOCA RATON FL 33487
US

1100J00J



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 **75-2622280**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PTC	<input type="checkbox"/> Delete
NAME	MARINO, GARY O	
STREET ADDRESS	5300 BROKEN SOUND BLVD NW	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DEVS	<input type="checkbox"/> Delete
NAME	REDFEARN, DONALD D	
STREET ADDRESS	5300 BROKEN SOUND BLVD NW	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUSH, LARRY W	
STREET ADDRESS	5300 BROKEN SOUND BLVD NE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Howe	
STREET ADDRESS	5300 Broken Sound Blvd., NW	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Laakso	
STREET ADDRESS	5300 Broken Sound Blvd., NW	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc Jacobowitz	
STREET ADDRESS	5300 Broken Sound Blvd., NW	
CITY-ST-ZIP	Boca Raton, FL 33487	

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 607, 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:

Marc Jacobowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/03 (561) 994-6015

CR2E034 (10/02)