

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000123

1. Entity Name

PLANT MARKETING, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90096 039 ***150.00

Principal Place of Business

Mailing Address

819 WEST SHOREWOOD DRIVE
EAU CLAIRE WI 54703

819 WEST SHOREWOOD DRIVE
EAU CLAIRE WI 54703-9671

2. Principal Place of Business

3737 NW 34TH ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 12309

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OKLAHOMA CITY, OK

City & State

OKLAHOMA CITY, OK

4. FEI Number

39-1928537

Applied For

Not Applicable

Zip

73112

Country

USA

Zip

73157

Country

USA

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	CV WHELAN, JOSEPH 3737 NW 34TH ST OKLAHOMA CITY OK 73112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REIT, LARRY L 819 WEST SHOREWOOD DRIVE EAU CLAIRE WI 54703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARDNER, KAREN R 3737 NW 34TH STREET OKLAHOMA CITY OK 73112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T METTRY, DENISE 3737 NW 34TH STREET OKLAHOMA CITY OK 73112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Denise Mettry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENISE METTRY

Date

4-4-00

Daytime Phone #

405-440-6305

CR2E034 (9/99)