

FILED

02 OCT -7 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

873953

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 653782

1. Entity Name

PLAN_E, INC**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2774 CADY WAY

Suite, Apt. #, etc.

3. Mailing Address

2774 CADY WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FLORIDA

City & State

WINTER PARK, FLORIDA

Zip

32792

Country

USA

Zip

32792

Country

USA

4. FEI Number

59-2360776

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

D. O. POOLE

Street Address (P.O. Box Number is Not Acceptable)

2774 CADY WAYCity WINTER PARK

FL

Zip Code

32792

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VP POOLE, KEVIN, F 203 PAYNE LANE CLEMSON, S.C.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. POOLE, DARRELL, O. 2774 CADY WAY WINTER PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Darrell Poole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 September 2002

Date

407.628.0991

Daytime Phone #

CR2E034B (12/01)

p 10/1/02