

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0019555 AV

05-02-2003 90709 016 ***150.00

DOCUMENT # H49277

1. Entity Name
PLANTATION BAY UTILITY CO.



Principal Place of Business
**100 PLANTATION BAY DRIVE
ORMOND BEACH FL 32174**

Mailing Address
**100 PLANTATION BAY DRIVE
ORMOND BEACH FL 32174**



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 **59-2511975**

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

7. Name and Address of New Registered Agent

**HOSSEINI, MORI
2359 BEVILLE ROAD
DAYTONA BEACH FL 32119**

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 _____ (NOTE: Registered Agent signature required when reinstalling) 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.** ☐ Delete
NAME **LAZARE, FRANCOIS**
STREET ADDRESS **ROUTE DE CHENE #5**
CITY-ST-ZIP **1207 GENEVA SW**

TITLE **Assistant Secretary/Director** ☐ Change ☒ Addition
NAME **Thornton-Hill, Teresa**
STREET ADDRESS **2359 Beville Road**
CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE **VD** ☐ Delete
NAME **IRWIN, STEPHEN**
STREET ADDRESS **505 PARK AVE**
CITY-ST-ZIP **NEW YORK NY**

TITLE **Director** ☐ Change ☒ Addition
NAME **Charlene B. Irland**
STREET ADDRESS **2359 Beville Road**
CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE **D** ☐ Delete
NAME **PIGUET, PAUL**
STREET ADDRESS **2 RUE JARGONNANT**
CITY-ST-ZIP **1211 GENEVA 6 SW**

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

TITLE **PD** ☐ Delete
NAME **HOSSEINI, MORI**
STREET ADDRESS **2359 BEVILLE ROAD**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

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

TITLE **ST** ☐ Delete
NAME **TRINDER, JEAN**
STREET ADDRESS **2359 BEVILLE ROAD**
CITY-ST-ZIP **DAYTONA BEACH FL**

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

TITLE **VP** ☐ Delete
NAME **ROSS, DOUGLAS**
STREET ADDRESS **2359 BEVILLE ROAD**
CITY-ST-ZIP **DAYTONA BEACH FL**

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

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:

SIGNATURE REQUIRED

**April 28, 2003 (386) 788-
Mori Hosseini, President 0820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)