

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90380 030 ***150.00

05/10/06 AV

DOCUMENT # J05503 1. Entity Name PLANET EARTH, INC.			
Principal Place of Business 5100 S. CLEVELAND AVE STE 315 FT. MYERS FL 33907		Mailing Address 5100 S. CLEVELAND AVE STE 315 FT. MYERS FL 33907	
2. Principal Place of Business 1939 Park Meadows Dr. Suite, Apt. #, etc. Suite 4 City & State Fort Myers, FL Zip 33907		3. Mailing Address 1939 Park Meadows Dr. Suite, Apt. #, etc. Suite 4 City & State Fort Myers, FL Zip 33907	
Country Lee		Country Lee	
4. FEI Number 59-2677283		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, RICHARD 12730 NEW BRITTANY BLVD, SUITE 411 FORT MYERS FL 33907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WARREN, MARY ALICE 535 VAL MAR DR. FT. MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Mary Alice Warren</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-1-03 239-939-3969 <small>Date Daytime Phone #</small>	

CR2E034 (10/02)