

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90035 016 ***150.00

DOCUMENT # 507294 ✓

1. Entity Name

PLAZA CIRCLE, INC.

DO NOT WRITE IN THIS SPACE

80058735

2. Principal Place of Business
2401 PGA Blvd.

3. Mailing Address
130 Cape Pointe Circle

Suite, Apt. #, etc.
Suite 196

Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

City & State
Jupiter, FL 33478

4. FEI Number
59-2657856

Applied For
Not Applicable

Zip Country
33410 US

Zip Country
33478 US

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PERRY, FRANCES T.

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

130 Cape Pointe Cir.

City Zip Code
Jupiter FL 33478

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 DS NAME STREET ADDRESS CITY-ST-ZIP	Taylor, Ann J. 2401 PGA Blvd. Suite 196 Palm Beach Gardens, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DT NAME STREET ADDRESS CITY-ST-ZIP	Perry, Frances T. 2401 PGA Blvd. Suite 196 Palm Beach Gardens, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	Peters, Rose Marie 2401 PGA Blvd. Suite 196 Palm Beach Gardens, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann J. Taylor* ANN J. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02 561-626-5100
Date Daytime Phone #

CR2E034B (12/01)