FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # K27245 1. Entity Name PLANTATION CONSTRUCTION INC.				FILED	
PLANTATION CONSIQUEITON I					
				02 APR -5 PH 12: 05	
DO NOT WRITE IN THIS SPACE				SECRETALY OF STATE TALLAHASSEE, FLOSLOA	
2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		P. O. BOX 378617		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. 501TE 105		City & State		4. FEI Number Applied For	
ŀ	SOI LARGO, FL	Key LARGO	<u> </u>	65.0062835 Not Applicable	
^{Zip} 33€	つ37 Country USA	^{Zip} 33 037	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required	
			Name 4	7. Name and Address of Current Registered Agent	
DO NOT WOITE			AN NGTU HAYYS (P.O. Box Number is Not Acceptable)		
IN THIS SPACE 2490					
IN THIS SPACE			21190	5.W. 234 ST.	
			NCETON FL Zip Code 33031		
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 ALAXI KETTU LANGUS MARIE PROPERTY AND FOREST					
Signature, typed or printed name of registered agent and title if applicable. (NSAE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department			, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees	
11.	OFFICERS AND D	IRECTORS	TITLE		
TITLE - NAME	PRESIDENT HARRIS		NAME	6000053080960 -04/19/0201045017 ****150.00 ****150.00	
STREET ADDRESS CITY-ST-ZIP	DRESS Z1190 S.W. 239 ST.		STREET ADDRESS CITY-ST-ZIP		
TITLE	72770810 12 72 3300	<u>,</u>	TITLE		
NAME CYDEET ADDRESS			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME STREET ADDRESS			NAME STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP			CITY-ST-ZIP	Consequence where the consequence of the consequenc	
TITLE			TITLE NAME	IN THIS SPACE	
STREET ADDRESS			STREET ADDRESS		
Crity-ST-ZIP			CITY-ST-ZIP		
NAME		4.	NAME		
STREET ADDRESS CITY-ST-ZIP		78	STREET ADDRESS City-St-ZIP		
TITLE			TITLE		
NAME			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
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: MEAN KETH HALLIS PRESIDENT MAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #