## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 06, 2000 8:00 am Secretary of State DOCUMENT # **K46661** PLANTATION HOUSE, INC. 04-06-2000 90036 040 \*\*\*150.00 Principal Place of Business Mailing Address % K. RUSSELL KIRBY % K. RUSSELL KIRBY 1323 S.E. 17TH STREET. SUITE 303 1323 S.E. 17TH STREET, SUITE 303 AUU34061 FT. LAUDERDALE FL 33316 FT, LAUDERDALE FL 33316-1707 2. Principal Place of Business 3. Mailing Address NO Terr 702 NW Tess 702 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State PLANTATION 65-0085029 1ANTATION Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROWARD BROWARD 333*25* Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIRBY, K. RUSSELL Street Address (P.O. Box Number is Not Acceptable) 1323 S.E. 17TH STREET SUITE 303 FT. LAUDERDALE FL 33316 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. POV ☐ Addition PDV TITLE ☐ Delete TITLE Kirby, K. Russell 702 NW 132 NO Terr KIRBY, K. RUSSELL NAME STREET ADDRESS STREET ADDRESS 1323 SE 17TH ST. S303 CITY-ST-ZIP CITY-ST-ZIP PIANTATION , FI 33325 FR. LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ De ete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 Block 12 if changed, or on an attachment with a dorress with all other like empowered.

954-475-1136