

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53819

1. Entity Name

PLAN CONCEPTS, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90211 002 ***150.00

Principal Place of Business 6056 RALEIGH ST #2610 ORLANDO FL 32835 US	Mailing Address 6056 RALEIGH ST #2610 ORLANDO FL 32835 US
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2. Principal Place of Business 6624 Winder Lynne Ln Suite, Apt. #, etc. -	3. Mailing Address 6624 Winder Lynne Ln Suite, Apt. #, etc. -
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DO NOT WRITE IN THIS SPACE

City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 65-0092772	Applied For <input type="checkbox"/> Not Applicable
Zip 32819	Country USA	Zip 32819	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWARD, LINDA 6056 RALEIGH ST APT #2610 ORLANDO FL 32835
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7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable) 6624 Winder Lynne Ln Orlando, FL City: Orlando FL Zip Code: 32819
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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 _____ (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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP HOWARD, CHARLES 6056 RALEIGH ST APT 2610 ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HOWARD, LINDA 6056 RALEIGH ST APT 2610 ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6624 Winder Lynne Ln. Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6624 Winder Lynne Ln. Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: Linda Howard Linda Howard 3/12/01 296-4022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)