

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89686

1. Entity Name

FLORIDA PLUS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90238 005 \*\*\*158.75

Principal Place of Business

Mailing Address

NW 23RD ST.  
PINES FL 33024

8361 NW 23RD ST.  
PEMBROKE PINES FL 33024-3456

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

1040 Colony Park Drive  
Suite, Apt. #, etc.

1040 Colony Park Dr  
Suite, Apt. #, etc.

City & State  
Lakeland, FL

City & State  
Lakeland, FL

4. FEI Number 65-0119689

Applied For  
Not Applicable

Zip  
33813

Country  
Polk

Zip  
33813

Country  
Polk

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNETH D. GRAHAM  
8361 N.W. 23 ST.  
PEMBROKE PINE FL 33024

Name Kenneth D. Graham

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

1040 Colony Park Drive

City Lakeland

FL

Zip Code 33813

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: Kenneth D. Graham

Kenneth D. Graham

4/12/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PT KENNETH D. GRAHAM 8361 NW 23 ST PEMBROKE PINES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VS KELLY BERGER 14120 LANGLEY PLACE DAVIE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GRAHAM, JANICE L 8361 NW 23RD ST. PEMBROKE PINES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kenneth D. Graham 4/12/2000 863-647-5698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)