## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # M89046** 1. Entity Name PLNN, INC. 03-20-2000 90185 010 \*\*\*150.00 Principal Place of Business Mailing Address 5781 MANATEE AVE W ..... MANATEE AVE W **FLOWERS TOWER FLOWERS** 00028191 **BRADENTON FL 34209-2540** FL 34209 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 65-0059605 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name eier NICHOLS, BOBBY L. Street Address (P.O. Box Number is Not Acceptable) 5781 MANATEE AVE W **TOWER FLOWERS BRADENTON FL 34209** City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DVS ☐:Addition ☐ Change Detete TITI F TITLE CLEIRBAUT, LAWRENCE NAME NAME 914 ELL WAY STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP DPT **X** Delete TITLE ☐ Change ☐ Addition TITLE NICHOLS, BOBBY L. NAME NAME 914 ELL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Held: Meier NAME NAMÉ 712 64th AUCC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE ☐ Delete NAME1 -STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 the changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: