

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90120 019 \*\*\*150.00

**DOCUMENT # M92245**

1. Entity Name  
**P & L INTERNATIONAL INCORPORATED**

Principal Place of Business

1280 SARNO RD  
 135  
 MELBOURNE FL 32935  
 US

Mailing Address

1280 SARNO RD  
 135  
 MELBOURNE FL 32935  
 US

2. Principal Place of Business

**950 Hosbaine St SE**

3. Mailing Address

**P.O. Box 2251**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**B0096482**



DO NOT WRITE IN THIS SPACE

City & State  
**Palm Bay, FL**

City & State  
**Melbourne, FL**

4. FEI Number  
**59-2908956**

Applied For  
 Not Applicable

Zip  
**32909**

Country  
**USA**

Zip  
**32902**

Country  
**USA**

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

**ELLIS, PHILLIP**  
**1280 SARNO RD**  
**135**  
**MELBOURNE FL 32935**

Name

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

**950 Hosbaine St SE**

City

**Palm Bay**

State

**FL**

Zip Code

**32909**

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

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

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TS**  
**KENT, LEIGH**  
**1280 SARNO RD 135**  
**MELBOURNE FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**950 Hosbaine St SE**  
**Palm Bay FL 32909**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PDV**  
**ELLIS, PHILLIP**  
**1280 SARNO RD 135**  
**MELBOURNE FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**950 Hosbaine St SE**  
**Palm Bay FL 32909**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/2002 (321) 727-9959**

Date

Daytime Phone #

CR2E034 (9/01)