

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0016042 AB

DOCUMENT # M98000000325

1. Entity Name  
PLANETECHS, LLC

00 APR 13 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
381 RIVERSIDE DRIVE, SUITE 120  
FRANKLIN TN 37064

Mailing Address  
381 RIVERSIDE DRIVE, SUITE 120  
FRANKLIN TN 37064-8934



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1705996 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☐ Delete  
NAME MATTHEWS, JERRY A  
STREET ADDRESS 381 RIVERSIDE DRIVE, SUITE 120  
CITY- ST- ZIP FRANKLIN TN 37064

TITLE MGRM ☐ Delete  
NAME CARD, TAMMY L  
STREET ADDRESS 381 RIVERSIDE DRIVE, SUITE 120  
CITY- ST- ZIP FRANKLIN TN 37064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

## 10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
500003223705-4  
-04/25/00-01837-028  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: T. S. [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4.4.00 615 595 9333  
Date Daytime Phone #

CR2E083 (9/99)