

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
00 FEB 22 PM 12:10

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DOCUMENT # M99000000734

1. Entity Name  
INTERPLANE USA L.L.C.

Principal Place of Business Mailing Address  
3460 AIRCRAFT DRIVE 3460 AIRCRAFT DRIVE  
LAKELAND FL 33811 LAKELAND FL 33811-2846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
39440 SOUTH AVENUE 30 LOGGERS LANE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
ZEPHYRHILLS, FLORIDA GROSS POINT FARM, MI  
Zip Country USA Zip Country USA  
33540 33540 48236 48236

4. FEI Number 38-3559681 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MCCLUNG, WILLIAM  
3460 AIRCRAFT DRIVE  
LAKELAND FL 33811

7. Name and Address of New Registered Agent  
Name BENJAMIN DAWSON III  
Street Address (P.O. Box Number is Not Acceptable)  
39440 SOUTH AVENUE  
City ZEPHYRHILLS, FL Zip Code 33540

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 Benjamin H. Dawson III 2/14/00  
Signature, typed or printed name of registered agent and title if applicable. (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 NAME MGR  
STREET ADDRESS MCCLUNG, WILLIAM  
CITY-ST-ZIP 10318 OUT ISLAND DRIVE  
TAMPA FL 33615  
Delete  
Delete  
Delete  
Delete  
Delete  
Delete  
Delete

10. ADDITIONS/CHANGES  
TITLE NAME MANAGER  
STREET ADDRESS BENJAMIN DAWSON III  
CITY-ST-ZIP 39440 SOUTH AVENUE  
ZEPHYRHILLS, FLORIDA 33540  
Change Addition  
mf 2/29/00  
7000003155947--2  
03/03/00--01017--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
Change Addition  
Change Addition  
Change Addition  
Change Addition

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: BENJAMIN DAWSON III 2/14/00 941-644-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)