

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 07, 2001 8:00 am
Secretary of State

02-06-2001 90076 001 ****61.25
02-06-2001 90076 002 ****8.75

DOCUMENT # N00000003792

1. Entry Name

P.L.A.C.E., INC.



Principal Place of Business

217 NE 3RD ST.
POMPANO BCH FL 33060

Mailing Address

217 NE 3RD ST.
POMPANO BCH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0883592

Applied For

Not Applicable

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

GASS, DANIEL G
10001 NW 50TH ST., SUITE 204
SUNRISE FL 33351

Name: D. Douglas Hill
Street Address (P.O. Box Number is Not Acceptable)
201 N. Federal Hwy
Suite 114
City: Deerfield Bch FL Zip Code: 33441

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 D. Douglas Hill, CEO

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

(NOTE: Registered Agent signature required when reinstating)

1-30-01

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President	Pamela L. Hardy	1200 NE 4th Street	Pomp Bch FL 33060	☐
Wendy Ruiz	375 NW 69th Ave.	Margate FL 33063	☐	☒
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	James D. Hardy	1200 NE 4th Street	Pomp Bch FL 33060	☐	☒
Treasurer	Dane Sheldon	2349 N.E. 9th Street	Pompano Beach FL 33062	☐	☒
Secretary	Jami Sheldon	2349 N.E. 9th St	Pompano Beach FL 33062	☐	☒
				☐	☐
				☐	☐

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela L. Hardy 1-31-01 (954) 785-6996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)