

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90131 015 \*\*\*\*\*70.00

**DOCUMENT # N00000003792**

1. Entity Name

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

Principal Place of Business

Mailing Address

**217 NE 3RD ST.  
POMPAÑO BCH FL 33060**

**217 NE 3RD ST.  
POMPAÑO BCH FL 33060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0883592**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HILL, DOUGLAS D  
~~901~~ N FEDERAL HWY  
STE 114  
DEERFIELD BEACH FL 33441**

*201 N. Federal Hwy.*

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☐ Delete  
NAME **HARDY, PAMELA L**  
STREET ADDRESS **1200 NE 4TH STREET**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33060**

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

TITLE **T** ☐ Delete  
NAME **RUIZ, WENDY**  
STREET ADDRESS **375 NW 69TH AVENUE**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33063**

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

TITLE **T** ☐ Delete  
NAME **HARDY, JAMES D**  
STREET ADDRESS **1200 NE 4TH STREET**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33060**

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

TITLE **TD** ☒ Delete  
NAME **SHELDON, DANE**  
STREET ADDRESS **2349 NE 9TH STREET**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33062**

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

TITLE **SD** ☒ Delete  
NAME **SHELDON, JAMI**  
STREET ADDRESS **2349 NE 9TH STREET**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33062**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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:

*[Signature]*

*1-31-02 954-785-6996*

CR2E037 (9/01)