

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90050 001 ****61.25

DOCUMENT # N99000004079

1. Entity Name

THIRD PLANET, INC.



Principal Place of Business

**1100 LEE WAGENER BLVD., STE. 304
FT. LAUDERDALE FL 33315**

Mailing Address

**1100 LEE WAGENER BLVD., STE. 304
FT. LAUDERDALE FL 33315**

2. Principal Place of Business

5200 N. FEDERAL HWY.

3. Mailing Address

5200 N. FEDERAL HWY

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33308

Country

BROWARD

Zip

33308

Country

BROWARD



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0940668**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BENJAMIN, DAVID N**
STREET ADDRESS **1112 NE 3RD STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
NAME **BENJAMIN, BARRY J**
STREET ADDRESS **8237 QUAIL MEADOW WAY**
CITY-ST-ZIP **WEST-PALM BEACH FL 33412**

TITLE **D** ☒ Delete
NAME **BAGLEY, ELIZABETH F**
STREET ADDRESS **1539 29TH STREET, N.W.**
CITY-ST-ZIP **WASHINGTON DC 20007**

TITLE **D** ☐ Delete
NAME **WORSOE, NIELS**
STREET ADDRESS **BAADMANDSTIAEDE 43**
CITY-ST-ZIP **COPENHAGEN K 1407**

TITLE **D** ☐ Delete
NAME **FARMER, ROBERT**
STREET ADDRESS **5200 N. FEDERAL HWY SUITE 2**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 REQUIRED

June 27

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CR2E037 (10/02)