

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90151 012 ***150.00

DOCUMENT # P00000003089

1. Entity Name
GOD'S PLAN, INC.



Principal Place of Business
2500 SOUTHERN OAKS DR.
CANTONMENT FL 32533

Mailing Address
2500 SOUTHERN OAKS DR.
CANTONMENT FL 32533

22000856



2. Principal Place of Business

13887 Perdido Key Dr
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Same

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3618667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LANE, E. VANN JR.
2500 SOUTHERN OAKS DR.
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Lane, E. Vann Jr
Street Address (P.O. Box Number is Not Acceptable)

13887 Perdido Key Dr. Unit C

City

Pensacola

FL

Zip Code

32507

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

1/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME LANE, E. VANN JR.
STREET ADDRESS 2500 SOUTHERN OAKS DR.
CITY-ST-ZIP CANTONMENT FL 32533

TITLE SD ☐ Delete
NAME LANE, DANA R
STREET ADDRESS 2500 SOUTHERN OAKS DR.
CITY-ST-ZIP CANTONMENT FL 32533

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13887 Perdido Key Drive Unit C
CITY-ST-ZIP Pensacola FL 32507

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13887 Perdido Key Drive Unit C
CITY-ST-ZIP Pensacola FL 32507

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NAME
STREET ADDRESS
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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

Date

(850) 492-0135

Daytime Phone #

CR2E034 (10/02)