

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010225

1. Entity Name

PLAN ENGINEERING, INC.

Principal Place of Business
6001 NORTH SUWANEE AVENUE
TAMPA FL 33604

Mailing Address
6001 NORTH SUWANEE AVENUE
TAMPA FL 33604

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

59-835-9378

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name: STEVE PIVNICKI
Street Address (P.O. Box Number is Not Acceptable): 3700 BEACH DR SE
City: ST. PETERSBURG FL Zip Code: 33705

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]* V.P. Steve Pivnicki
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 4/30/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD
NAME: GRAHAM, JEREMY S
STREET ADDRESS: 6001 NORTH SUWANEE AVENUE
CITY-ST-ZIP: TAMPA FL 33604 ☐ Delete

TITLE: SVD
NAME: PIVNICKI, STEVEN M
STREET ADDRESS: 6001 NORTH SUWANEE AVENUE
CITY-ST-ZIP: TAMPA FL 33604 ☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

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TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Jerry Graham, Pres.

DATE: 4/30/01 DAYTIME PHONE: 813-758-1140

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90088 035 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)