

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014359

1. Entity Name  
PLANET DOLLAR, INC.

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90067 026 \*\*\*150.00

Principal Place of Business

Mailing Address

4976 JUPITER RD  
FT MYERS FL 33905

4976 JUPITER RD  
FT MYERS FL 33905

2. Principal Place of Business

3. Mailing Address

17105 San Carlos Blvd

17105 San Carlos Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E-1

Suite E-1

City & State

City & State

Ft Myers FL

Ft Myers FL

Zip

Country

Zip

Country

33931

USA

33931

USA

4. FEI Number

65-0967578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NICELY, LAURA M  
4976 JUPITER RD  
FT MYERS FL 33905

7. Name and Address of New Registered Agent

Name Laura Maples

Street Address (P.O. Box Number is Not Acceptable)

4976 Jupiter Rd

City Ft Myers

FL

Zip Code

33905

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 Laura Maples Laura Maples

3/2/01

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

TITLE ☐ Delete

NAME President  
STREET ADDRESS Roger Maples  
CITY-ST-ZIP 4976 Jupiter Rd  
Ft Myers FL 33905

TITLE ☐ Delete

NAME Vice President, Sec.  
STREET ADDRESS Laura Maples  
CITY-ST-ZIP 4976 Jupiter Rd  
Ft Myers FL 33905

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Laura Maples Laura Maples 3/3/01 941-694-2078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)