2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

SIGNATURE:

P00000026773

Mailing Address

1. Entity Name

P+PL INVESTMENTS, INC.



FILED Apr 07, 2003 8:00 am Secretary of State
04-07-2003 90196 021 ***158.75

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941-365-8880

333 SOUTH F SARASOTA F	INEAPPLE AVENUE L 34236	333 SOUTH PINEA SARASOTA FL 342								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				7.		☐ CHECK HERE IF MAKING CHANGES				
City & State City & State		· <u>-</u>			umber 65-1029176		_ -	oplied For]	
Zip	Country	Zip	Coun	Country		icate of Status Desired		\$8.75 Add	ditional	1
	6. Name and Address of Curr	ent Registered Agent	-		7. Name	and Address of New Re	gistered A	gent		1
				Name						1
	LAWRENCE M N STREET			Street Addres	s (P.O. Box N	umber is Not Acceptable)	<u></u>		1
					· · · · <u>- "</u>					1
SUITE 40										_
SARASU	TA FL 34237			City			FL	Zip Cod	е	
8. The above the obligat SIGNATURE	named entity submits this statement ions of registered agent:			ed office or regis			rida. I am f	amiliar with,	and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. c Payable to Florida Departmer			,		Election Campaign Fin Trust Fund Contribution			00 May Be d to Fees	
10.	OFFICERS A	ND DIRECTORS	11.		ADDITI	ONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUGHLIN, PETER G 2632 PURITAN TERRACE SARASOTA FL 34239	☐ Delete	NAM STRE	i				☐ Change	☐ Addition	100/04/ 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAUGHLIN, PATRICIA D 2632 PURITAN TERRACE SARASOTA FL 34239	☐ Delete	NAM STRE					☐ Change	☐ Addition	100
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAM STR	1 .	· 			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAM STRE		•			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAM STRE CITY	EET ADDRESS -ST-ZIP		_		☐ Change	☐ Addition	
12. I hereby of indicated of the corchanged,	pertify that the information supplied on this report or supplemental repr poration or the receiver or trustee e or on an attachment with an artise	with his filing desphot qui this true and accurate and inpowered to execute his ss with all other like hipo	alify for the exe d that my signa report as requi wered.	mption stated in ture shall have the red by Chapter 6	Section 119.0 ne same legal 307, Florida Si	07(3)(i), Florida Statutes. I effect as if made under c atutes; and that my name	further cer eath; that I a appears in	tify that the i im an officer Block 10 o	nformation or director r Block 11 if]