

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90138 043 ***158.75

DOCUMENT # P00000036167

1. Entity Name
PLANT CORP



Principal Place of Business
874 WINDCREST PLACE
WINTER SPRINGS FL 32708

Mailing Address
874 WINDCREST PLACE
WINTER SPRINGS FL 32708

10003784



2. Principal Place of Business **1585 CAVENDISH RD.** **3. Mailing Address** **1585 CAVENDISH RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WINTER PARK, FL. **WINTER PARK, FL**

32789

USA

32789

USA

4. FEI Number **59-3639160**

Applied For
Not Applicable

5. Certificate of Status Desired **X** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATANICH, SAMUEL
874 WINDCREST PLACE
WINTER SPRINGS FL 32708

Name **JEFFREY W. KATANICH**
Street Address **1585 CAVENDISH RD.**

City **WINTER PARK** **FL** **32789**

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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1.9.03**

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** **KATANICH, SAMUEL** ☒ **Delete**
NAME
STREET ADDRESS **874 WINDCREST PLACE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** **JEFFREY W. KATANICH** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **1585 CAVENDISH RD**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 changes empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-03

CR2E034 (10/02)