

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077235

1. Entity Name

PARK PLACE BUSINESS MANAGERS, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90011 030 ***150.00

Principal Place of Business

5327 COMMERCIAL WAY
BUILDING B, SUITE 107
SPRING HILL FL 34607

Mailing Address

5327 COMMERCIAL WAY
BUILDING B, SUITE 107
SPRING HILL FL 34607

2. Principal Place of Business

5035 WILLOW OAK LANE

3. Mailing Address

P.O. Box 5085

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Spring Hill

Zip

34607

Country

Zip

FL

Country

34611

4. FEI Number

65-1033927

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

MATHIESON, VIRGINIA
5327 COMMERCIAL WAY
BUILDING B, SUITE 107
SPRING HILL FL 34607

Name

Virginia Mathieson

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

5035 WILLOW OAK LANE

Spring Hill

City

FL

Zip Code

34607

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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PRESIDENT
VIRGINIA MATHIESON
5035 WILLOW OAK LANE
Spring Hill FL 34607

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)