

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084123

1. Entity Name

PLANET 3, INC.

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

05-15-2001 90012 021 ***150.00

0339653

Principal Place of Business
 601 SOUTH HARBOUR ISLAND BLVD.
 SUITE 200
 TAMPA FL 33602

Mailing Address
 601 SOUTH HARBOUR ISLAND BLVD.
 SUITE 200
 TAMPA FL 33602

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3672718

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HODGES, GEOFFREY T
 601 SOUTH HARBOUR ISLAND BLVD.
 SUITE 200
 TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (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. ☐ **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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSOLINO, FRANK		NAME		
STREET ADDRESS	601 SOUTH HARBOUR ISLAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HODGES, GEOFFREY T		NAME		
STREET ADDRESS	601 SOUTH HARBOUR ISLAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, ANTHONY		NAME		
STREET ADDRESS	5405 SOUTHERN COMFORT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

813-262-2365

Date

Daytime Phone #

CR2E034 (10/00)