## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 19, 2002 8:00 am Secretary of State P00000084991 DOCUMENT # 1. Entity Name THE PLANE COMPANY, INC. 05-19-2002 90049 014 \*\*\*150 00 Principal Place of Business Mailing Address 5464 NE 3RD TERRACE --5404 NE 3RD TERRACE 428787 -FT LAUDERDALE FL 33334 ET LAUDERDALE FL 33334 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1037308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARCELO-MCCLUSKEY, SHERRYL L -5464 NE 3RD TERRACE FT\_LAUDERDALE FL 33334 8. The above named entity submits this statement for the purpose of changing its registered office or (NOTE: Registered Ager \*9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** rresident (9/01) ☐ Delete TITLE ☐ Addition BARCELO-MCCLUSKEY, SHERRYL L NAME NAME 5464 NE 3RD TERRACE STREET ADDRESS **CR2E034** STREET ADDRESS FT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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 with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP