

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90185 039 ***550.00

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DOCUMENT # P00000084991

1. Entity Name

THE PLANE COMPANY, INC.



Principal Place of Business

~~724 N.E. 20TH LANE~~
~~BOYNTON BEACH FL 33435~~

Mailing Address

~~724 N.E. 20TH LANE~~
~~BOYNTON BEACH FL 33435~~

2. Principal Place of Business

4 Polo Circle

3. Mailing Address

4 Polo Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number 65-1037308

Applied For

Not Applicable

Zip
33431

Country
USA

Zip
33431

Country
USA

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

MCCLUSKEY, SHERRY L

~~724 N.E. 20TH LANE~~
~~BOYNTON BEACH FL 33435~~

4 Polo Circle
Boca Raton, FL
33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME MCCLUSKY, SHERRY L
STREET ADDRESS ~~724 N.E. 20TH LANE~~
CITY-ST-ZIP ~~BOYNTON BEACH FL 33435~~

TITLE
NAME 4 Polo Circle
STREET ADDRESS Boca Raton, FL
CITY-ST-ZIP 33431

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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 other like empowered.

SIGNATURE:

Sherry Lynn McCluskey
Sherry Lynn McCluskey

08/28/03 561.394.2195

Date

Daytime Phone #

CR2E034 (4/03)