

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101688

1. Entity Name

PLANET INTERACTIVE, INC.

Principal Place of Business

1114 N. PENINSULA
NEW SMYRNA FL 32169

Mailing Address

1114 N. PENINSULA
NEW SMYRNA FL 32169

2. Principal Place of Business

1114 N. PENINSULA

Suite, Apt. #, etc.

3. Mailing Address

1114 N. PENINSULA

Suite, Apt. #, etc.

City & State

New Smyrna, FL

Zip 32169

Country

USA

City & State

New Smyrna, FL

Zip 32169

Country

USA

4. FFL Number

59-3689435

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONCANNON, KRISTINA
1114 N. PENINSULA
NEW SMYRNA FL 32169

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

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

TITLE ☐ Delete

NAME Kristina K Concannon
STREET ADDRESS 1114 N Peninsula
CITY-ST-ZIP New Smyrna, FL 32169

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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

Kristina Concannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01

Date

9042357282

Daytime Phone #

0454185

CR2E034 (10/00)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90098 024 ***150.00



DO NOT WRITE IN THIS SPACE