2002 UNIFORM BUSINESS REPORT (UBR

FILED May 13, 2002 8:00 am

DOCUMENT # P01000082921					May 13, 2002 8:00 am Secretary of State			
PLA	NIT, INC.				05-13-2002 90161 (
Principal	Place of Business	Mailing Address						
126	Michigan Avenue	% DOUGLASS A. PERS	SON CPA	ı				
Ind	ialantic, FL 32903	1413 So. Pat		to 7				
		Indian Harbo	our Beach, 1	FL	E IZANIZAR KO KANG ZIANI ATAK ATAK	****		+ - 14
2. Princip	pat Place of Business	3. Mailing Address	32937					
	Michigan Avenue Apt. #. etc.	1413 So. Pat	rick Drive		i sancisani sia sasti atali dalit da	kira da rka ba ra a Trena	i idili der	il film m
<u></u>		Suite, Apt. #, etc. Suite 7			DO NOT WRI	TE IN THIS SPA		·
City &		City & State				بر ال (H ا الله)	(CE	
Ind i	ialantic, FL	Indialantic,	FL	4.	FEI Number 59-3743973	,	TA	Appiled :
3290	Country	Zip 32937	Country					Not App
	Brevard 6. Name and Address of Current F		Brevard		Certificate of Status Desired	Fee	.75 Ad Require	iditiona! ed
- 			Name	7. [Name and Address of New R	egistered Ager	nt	
DO	UGLASS A. PERSON, CPA,	PA				_		_
14	13 SO. PATRICK DRIVE.	SUTTE &	200661 VO	ddress (P.O. b	lox Number is Not Acceptable)	<u></u>	
TIV.	DIAN HARBOUR BEACH, FL	32937						
			City					
8. The abo	ove named entity submits this statement for	the purpose of changing its	rapistared office or a			FL ²	Zip Coae	e
	1	10 porpose 5. 5 3 . 5	registered office or .	registereo age	ent, or both, in the State of Flori	ida.		
	<u> </u>							
SIGNATURI		DOUGLASS + F	€670~	•		12/2 -		
SIGNATURI	Signature, typed or printed name of registered agent and	d title if applicable (NOTE	ER SON .	e required when rein		24/02 Date		
9. This corp	Scower e, typed or printed name of registered agent and poration is eligible to satisfy its Intangible grequirement and elects to do so	FILE NOW!!	E: Registered Agent signature	e required when rein	*/	24/or		
9. This corp Tax filing (See critical)	Scower e, typed or printed name of registered agent and poration is eligible to satisfy its Intangible g requirement and elects to do so, teria on back)	FILE NOW!! After May 1, 200 Make Check Payabl	ERSON • E: Registered Agent signature !! FEE IS \$150.00 22 Fee will be \$550	e required when reid		Date noting	\$5.00 Added 1	
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, I further certify that I am an officer or direct changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02