

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90239 026 \*\*\*150.00

**DOCUMENT # P01000089453**

**1. Entity Name**  
**PLANT PARKA, INC.**

**Principal Place of Business**

**2330 SOUTHLAND ROAD**  
**MOUNT DORA FL 32757**

**Mailing Address**

**POST BOX 216**  
**MOUNT DORA FL 32756**

**2. Principal Place of Business**

**179 Beecher Point Rd**  
**Suite, Apt. #, etc.**  
**E-229**

**3. Mailing Address**

**P.O. Box 237**  
**Suite, Apt. #, etc.**

**City & State**  
**Welaka, FL**

**City & State**  
**Welaka FL**

**4. FEI Number**  
**59-3743967**

**Applied For**  
**Not Applicable**

**Zip**  
**32193**

**Country**  
**USA**

**Zip**  
**32193**

**Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

**Name** **Diane Casca**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**179 Beecher Point Rd**  
**E-229**  
**City** **Welaka** **FL** **Zip Code** **32193**

**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** **Diane Casca** **Diane Casca** **Treas** **01-08-02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	CASCA, SONNY A	<del>2000 SOUTHLAND ROAD</del> <b>P.O. Box 237</b> <b>MOUNT DORA FL 32757</b> <b>Welaka FL 32193</b>	<input type="checkbox"/> Delete
VD	KAISER, JOEL	<del>2000 SOUTHLAND ROAD</del> <b>520 Palm Springs Blvd</b> <b>MOUNT DORA FL 32757</b> <b># 706</b> <b>Indian Harbour Bch.</b>	<input type="checkbox"/> Delete
SD	KAISER, JUDITH	<del>2000 SOUTHLAND ROAD</del> <b>same</b> <b>MOUNT DORA FL 32757</b> <b>32937</b>	<input type="checkbox"/> Delete
TD	CASCA, DIANE	<del>2000 SOUTHLAND ROAD</del> <b>P.O. Box 237</b> <b>MOUNT DORA FL 32757</b> <b>Welaka FL 32193</b>	<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** **Diane Casca** **Diane Casca**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-08-02** **386-467-2730**  
Date Daytime Phone #

CR2E034 (9/01)