

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90138 039 ***158.75

DOCUMENT # P02000006052

1. Entity Name
PLAIN JANE, INC.



Principal Place of Business
11903 UPPER MANATEE RIVER ROAD
BRADENTON FL 34212

Mailing Address
11903 UPPER MANATEE RIVER ROAD
BRADENTON FL 34212

60003762



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2984098

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KNOWLES, TIMOTHY A
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name **Holly A. Glenn**

Street Address (P.O. Box Number is Not Acceptable)

11903 Upper Manatee River Road

City **Bradenton**

FL

Zip Code
34212

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PRES.**
NAME **KIM J. Glenn**
STREET ADDRESS **11903 Upper Manatee River Road**
CITY-ST-ZIP **Bradenton, FL 34212**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **V.P.**
NAME **Holly A. Glenn**
STREET ADDRESS **11903 Upper Manatee River Road**
CITY-ST-ZIP **Bradenton, FL 34212**

☐ Delete

TITLE
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☐ Addition

CR2E034 (10/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Holly A. Glenn V.P.

1-7-03 (941) 750-6586

Date

Daytime Phone #