

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91150 047 ***150.00

DOCUMENT # P02000022049

1. Entity Name

PLANT NETWORK INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4860 SW 193 LN

3. Mailing Address

4860 SW 193 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South West Ranches FL

City & State

South West Ranches FL

Zip

33332

Country

Zip

33332

Country

4. FEI Number

75-3015092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Arzillo, Salvatore, Jr.

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

4860 SW 193 LN

City

South West Ranches FL

Zip Code

33332

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Arzillo, Salvatore, Jr.
4860 SW 193 LN
South West Ranches, FL 33332

TITLE
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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 on an attachment with an address, with all other living empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 (954) 434-1072

Date

Daytime Phone #

CR2E034B (12/02)