

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-09-2003 90105 049 ***158.75

0052789 AV

DOCUMENT # P02000077090

1. Entity Name
PLC WHOLESALE INC.



Principal Place of Business
**511 N ARNOLD RD
PANAMA CITY BEACH FL 32413**

Mailing Address
**511 N ARNOLD RD
PANAMA CITY BEACH FL 32413**

2. Principal Place of Business

SU N. Highway 79

3. Mailing Address

SU N. Highway 79

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State Panama City Beach FL		City & State Panama City Beach, FL		4. FEI Number 61-1422719	Applied For <input type="checkbox"/> Not Applicable
Zip 32413	Country US	Zip 32413	Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 - Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, JAMES R
8507 LAIRD ST
PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent

Name **Debra K Thompson**
Street Address (P.O. Box Number is Not Acceptable)
8507 Laird St.
City **Panama City Beach FL** Zip Code **32408**

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 **X Debra K. Thompson** **Debra K. Thompson** **01-28-03**
Signature, typed or printed name of registered agent or 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 NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, JAMES R 511 N ARNOLD RD PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD THOMPSON, DEBRA 511 N ARNOLD RD PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X Debra K. Thompson** **Debra K. Thompson** **01-28-03** **850-233-6396**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)