

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90179 003 ***150.00

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1. Entity Name
PLANTASIA INC



Principal Place of Business
1417 DEL PRADO BLVD. S. #107
CAPE CORAL FL 33990

Mailing Address
1417 DEL PRADO BLVD. S. #107
CAPE CORAL FL 33990

10014000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-2066882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACOSTA, MARLEA M
1723 SW 11 AVE.
CAPE CORAL FL 33991

Name

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

1417 Del Prado Blvd #107

City

Cape Coral

FL

Zip Code

33990

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

1-14-03

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 PD ☐ Delete
NAME ACOSTA, MARLEA M
STREET ADDRESS 1723 SW 11 AVE.
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE PD ☒ Change ☐ Addition
NAME MARLEA ACOSTA
STREET ADDRESS 1417 DEL PRADO BLVD #107
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE VP ☐ Delete
NAME FRANK MAJOR (NA)
STREET ADDRESS 1723 SW 11 AVE
CITY-ST-ZIP 1417 Del Prado Blvd #107

TITLE VP ☐ Change ☒ Addition
NAME FRANK MAJOR
STREET ADDRESS 1417 DEL PRADO BLVD #107
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete
NAME CAPE CORAL FL 33990
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-03 239-275-1487

CR2E034 (10/02)