

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90140 005 ***150.00

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1. Entity Name
J.R. PLANA & COMPANY, INC.



Principal Place of Business
**10400 NW 34TH AVE
MIAMI FL 33147**

Mailing Address
**10400 NW 34TH AVE
MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

P.O. Box 8024

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT ST. LUCIE

City & State

City & State

FL

Zip

Country

Zip

34985-8014

Country

ST. LUCIE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

55-0793603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHN A. RACIN, P.A.
10850 S US HWY ONE
PORT ST LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name **DAVID I. TOW**

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

132 S.W. OAKRIDGE DRIVE

City

PORT ST LUCIE

FL

Zip Code

34984

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 **DAVID I. TOW**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

David I. Tow

July 7, 2003

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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

TITLE **DP** ☐ Delete
NAME **PLANA, JOHN R**
STREET ADDRESS **10400 NW 34TH AVE**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **DVTS** ☐ Delete
NAME **TOW, DAVID**
STREET ADDRESS **132 SW OAKRIDGE DR**
CITY-ST-ZIP **PORT ST LUCIE FL 34984**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **132 S.W. OAKRIDGE DRIVE**
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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

DAVID I. Tow

Date

7/3/03

Daytime Phone #

722-143-0477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)