

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90059 011 ***150.00

DOCUMENT # P02000094933

1. Entity Name
PLONGOS, INC.



Principal Place of Business
2102 CONGRESSIONAL WAY
DEERFIELD BEACH FL 33442

Mailing Address
2102 CONGRESSIONAL WAY
DEERFIELD BEACH FL 33442



2. Principal Place of Business
1120 HOLLAND DRIVE

3. Mailing Address

Suite, Apt. #, etc.
S4175 #1

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State

4. FEI Number
55-0798884

Applied For
 Not Applicable

Zip
33487

Country
BROWARD

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GEROW, JEFFREY S ESQ.
4800 N. FEDERAL HWY., STE. 307B
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
PHILIP LONGO

Street Address (P.O. Box Number is Not Acceptable)
2102 CONGRESSIONAL WAY

City
DEERFIELD BEACH FL 33442

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 *Philip Longo* **PHILIP LONGO** **PRESIDENT** **1/7/03**

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
D

NAME
LONGO, PHILIP B

STREET ADDRESS
2102 CONGRESSIONAL WAY

CITY-ST-ZIP
DEERFIELD BEACH FL 33442

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
D

NAME
SOBY, ANITA

STREET ADDRESS
2102 CONGRESSIONAL WAY

CITY-ST-ZIP
DEERFIELD BEACH FL 33442

Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

Change 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: *Philip Longo* **PHILIP LONGO** **1/7/03** **561-982-9860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)