2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2003 8:00 am Secretary of State

03-17-2003 91053 014 ***150 00

DOCUMENT # P02000123816 1. Entity Name PLANET HOMES, INC.							03-	17-2003 910	53 014	***150	0.00	
Principal Place of Business . Mailing Address 11 92 HOLLY OAKS COURT P.O. BOX 600306 JACKSONVILLE FL 32259 JACKSONVILLE FL 3226												
2. Principal F	Place of Busi	ness	3. Mailir	ng Address		- -	-	I IKANS BOSHE WAND BOKA)	11200 1 011 6 01 (I BUG TUK USBY	
Suite, Apt. #, etc.			Suite,	Apt. #, etc.		- 	CHECK HERE IF MAKING CHANGES					
City & State			City &	City & State			4. FEI Number	14320	13		oplied For ot Applicable	7
Zip	-	Country	Zip	· Argert Land Spike Land	Cour	ntry	5. Certificate of Statu		¬ \$8	.75 Add	titional d	
	6. Name	and Address of Curre	nt Registered	Agent			7, Name and Addre	se of New Regis	tered Age	nt		<u> </u>
						=Name===]
MCLANE, NEIL A 1192 HOLLY OAKS COURT			٠.	-		Street Address (P.O. Box Number is Not	Acceptable)		<u> </u>		1
	VILLE FL 3											1
]						City			FL	Zip Cod	θ	
	named entit tions of regis		t for the purpos	se of changing its i	register	ed office or register	ed agent, or both, in the	State of Florida.	I am fam	iliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title il applic	shie. (NOTE:	: Plegistare	id Agent signature required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 a.Make Check Payable to Florida Department of State												1
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After	r May 1, 200	3 Fee will be \$550.0 Florida Department		S	11.			Contribution.		Added	to Fees	
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12. I hereby certify that the information supplied with this illing 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:

ZAGNA/UF227EAUIRED

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