

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03984

1. Entity Name

PLEKO SOUTHEAST CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90964 004 ***150.00

Principal Place of Business

Mailing Address

915 WEST MEMORIAL BOULEVARD
LAKELAND FL 33801

915 WEST MEMORIAL BOULEVARD
LAKELAND FL 33815-1326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1110425

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROBERTS, DOROTHY B.
STREET ADDRESS 2646 ALLISTON COURT
CITY-ST-ZIP COLUMBUS OH ☐ Delete

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

TITLE SD
NAME ROBERTS, COURTNEY B.
STREET ADDRESS 2646 ALLISTON COURT
CITY-ST-ZIP COLUMBUS OH ☐ Delete

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

TITLE D
NAME FORGUE, JANET L.
STREET ADDRESS 2646 ALLISTON COURT
CITY-ST-ZIP COLUMBUS OH ☐ Delete

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

TITLE D
NAME ROBERTS, CYNTHIA
STREET ADDRESS 610 N 7TH ST
CITY-ST-ZIP PHOENIX AZ ☐ Delete

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

TITLE D
NAME BOGUMILL, LISA
STREET ADDRESS 3587 N 20 E
CITY-ST-ZIP ANGOLS IN 46703 ☐ Delete

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

TITLE D
NAME ROBERTS, KEITH
STREET ADDRESS 2646 ALLISTON CT
CITY-ST-ZIP COLUMBUS OH 43220 ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

1614-451-7282

Daytime Phone #

CR2E034 (9/99)