

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000065084

1. Entity Name
PLACELIFT, INC.



FILED
07 MAY -1 AM 9:57

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
686 N.W. 99 TERR.
CORAL SPRINGS, FL 33071

Mailing Address
686 N.W. 99 TERR.
CORAL SPRINGS, FL 33071

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172007

Chg-P

CR2E034 (12/06)

4. FEI Number
45-0539470

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

SENICA, STEPHEN
686 N.W. 99 TERR.
CORAL SPRINGS, FL 33071

Name NOLA SENICA
Street Address (P.O. Box Number is Not Acceptable)
686 N.W. 99 TERRACE
City Coral Springs FL 33071

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

Nola Senica

4/24/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D SENICA, STEPHEN 686 N.W. 99 TERR. CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP SENICA, NOLA 686 N.W. 99 TERR. CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Nola Senica Pres NOIA SENICA

4-24-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #