

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005887

1. Entity Name

MIKE PLETKA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90352 019 ***150.00

Principal Place of Business

7314 LANGFORD WAY
ORLANDO FL 32822

Mailing Address

MIKE PLETKA INC
P O BOX 555 248
ORLANDO FL 32855
US

2. Principal Place of Business

2712 Pasco Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number 59-3162716

App'ed For
Not Applicable

Zip

Country

32805 ORANGE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLETKA, MIKE
7314 LANGFORD WAY
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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's signature required when re-registering)

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, 2001 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
PLETKA, MICHAEL E
7314 LANGFORD WAY
ORLANDO FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
PLETKA, LOVETTA R
7314 LANGFORD WAY
ORLANDO FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

3-3-01
MICHAEL E. PLETKA 407-877-4701

Date:

Signature:

CR2E034 (10/00)