

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047923

1. Entity Name

PLEN & MICHIE, INC.

Principal Place of Business

Mailing Address

1100 N. FLORIDA AVE
TAMPA FL 33602

1100 N. FLORIDA AVE
TAMPA FL 33602-3302

2. Principal Place of Business

3. Mailing Address

1102 N. FLORIDA AVE
Suite, Apt. #, etc.

1102 N. FLORIDA AVE
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33602

Country

Zip

33602

Country

4. FEI Number

65-0442163

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

MICHIE, KRISTOPHER A
1100 N FLORIDA AVE
TAMPA FL 33614

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	VP	<input type="checkbox"/> Delete
NAME	MICHIE, KRISTOPHER A	
STREET ADDRESS	1100 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	P	<input type="checkbox"/> Delete
NAME	PLEN, JOSEPH R	
STREET ADDRESS	1243 BAYCOURT ISLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	S	<input type="checkbox"/> Delete
NAME	PORTER, R. GALE	
STREET ADDRESS	1100 N. FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1102 N. FLORIDA AVE.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1102 N. FLORIDA AVE	
CITY-ST-ZIP	TAMPA FLORIDA 33602	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1102 N. FLORIDA AVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

R. GALE PORTER R. Gale Porter 1-11-00 813 225 1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90017 019 ***158.75



DO NOT WRITE IN THIS SPACE