

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90202 030 ***150.00

DOCUMENT # P94000001431



1. Entity Name
PLANTAG, INC.

Principal Place of Business
% STEVEN SHAPIRO
3111 FORTUNE WAY, SUITE B-18
W. PALM BEACH FL 33414

Mailing Address
% STEVEN SHAPIRO
3111 FORTUNE WAY, SUITE B-18
W. PALM BEACH FL 33414



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0464674**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, STEVEN M
% STEVEN SHAPIRO
3111 FORTUNE WAY, SUITE B-18
W. PALM BEACH FL 33414

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, STEVEN M	
STREET ADDRESS	3111 FORTUNE WAY, SUITE B-18	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, ELLEN D	
STREET ADDRESS	3111 FORTUNE WAY, SUITE B-18	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/11/03** Daytime Phone #: **561 793 2007**

CR2E034 (10/02)