

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033990

1. Entity Name

PLACE PRODUCTS ENTERPRISES, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90081 041 ***150.00

Principal Place of Business

Mailing Address

2202 WINDWOOD PLACE
VALRICO FL 33594

2202 WINDWOOD PLACE
VALRICO FL 33594-5249

2. Principal Place of Business

2318 SUNVIEW AVE

3. Mailing Address

2318 SUNVIEW AVE

Suite, Apt. #, etc.

VALRICO

Suite, Apt. #, etc.

City & State

FL

City & State

VALRICO FL

4. FEI Number

59-3251730

Applied For

Not Applicable

Zip

33594

Country

HILLSBOROUGH

Zip

33594

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLACE, LARRY R
2202 WINDWOOD PLACE
VALRICO FL 33594

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME PLACE, LARRY R
STREET ADDRESS 2202 WINDWOOD PL
CITY-ST-ZIP VALRICO FL

TITLE ☐ Delete
NAME VP
NAME PLACE, CAROL K
STREET ADDRESS 2202 WINDWOOD PL
CITY-ST-ZIP VALRICO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. PRESIDENT/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME LARRY R PLACE
STREET ADDRESS 2318 SUNVIEW AVE
CITY-ST-ZIP VALRICO, FL 33594

TITLE ☒ Change ☐ Addition
NAME V.P.
NAME CAROL K PLACE
STREET ADDRESS 2318 SUNVIEW AVE
CITY-ST-ZIP VALRICO, FL 33594

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

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

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

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:

Larry R Place
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00 813 662-1561

Date

Daytime Phone #