

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000007921****1. Entity Name**
PLANE FOLK, INC.**Principal Place of Business**

3417 LAKE BREEZE ROAD

ORLANDO
32808

FL

Mailing Address

3417 LAKE BREEZE ROAD

ORLANDO
32808

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State**

Zip

Country

Zip

Country

4. FEI Number**59-3383380**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASSEY PATRICIA A
2910 BRIARWOOD LNTITUSVILLE
32796

FL

US

7. Name and Address of New Registered Agent**Name**

MASSEY PATRICIA A

Street Address (P.O. Box Number is Not Acceptable)

2918 S. SEMORAN BLVD

#3

City
ORLANDO

FL

Zip Code
32822**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 PATRICIA A. MASSEY**

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

(NOTE: Registered Agent signature required when reinstating)

04/28/2000

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	M	<input type="checkbox"/> Delete
NAME	MASSEY PATRICIA A	
STREET ADDRESS	2910 BRIARWOOD LN	
CITY-ST-ZIP	TITUSVILLE FL 32796	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLMAN JON	
STREET ADDRESS	5333 MIKADO CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	D	<input type="checkbox"/> Delete
NAME	FULLER MICHAEL B	
STREET ADDRESS	13152 SHORE DR	
CITY-ST-ZIP	WINTER GARDEN FL 34787	

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY PATRICIA A	
STREET ADDRESS	2918 S. SEMORAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32822	

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		

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		

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 PATRICIA A. MASSEY**

M 04/28/2000