

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000018814

1. Entity Name
PLUMLEE, INC.



FILED

04 NOV -8 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
401 FERRIS ST
GREEN COVE SPEINGS, FL 32043 US

Mailing Address
PO BOX 1044
GREEN COVE SPEINGS, FL 32043 US



2. Principal Place of Business

3. Mailing Address

11032004 REIN-P CR2E098 (6/04)

4. FEI Number
59-3372315

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

BROWN, BERNICE P
3085 REVELS RD
GREEN COVE SPRINGS, FL 32043

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-3-04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DB ☐ Delete
NAME BROWN, BERNICE P
STREET ADDRESS 3085 REVELS RD
CITY-ST-ZIP GREEN COVE SPRINGS, FL

TITLE ☐ Change ☐ Addition
NAME 3075 Revels Rd
STREET ADDRESS GCS FL 32043
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BROWN, WILLIAM F
STREET ADDRESS 3085 REVELS RD
CITY-ST-ZIP GREEN COVE SPRINGS, FL

TITLE ☐ Change ☐ Addition
NAME 3075 Revels Rd
STREET ADDRESS GCS FL 32043
CITY-ST-ZIP

TITLE S ☐ Delete
NAME JENNER, SHERRY
STREET ADDRESS 5926 KNOLLWOOD RD
CITY-ST-ZIP GREEN COVE SPRINGS, FL

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

TITLE T ☐ Delete
NAME BROWN, FREDERICK D
STREET ADDRESS 3143 DOTHAN RD
CITY-ST-ZIP GREEN COVE SPRINGS, FL

TITLE ☐ Change ☐ Addition
NAME 3085 Revels Rd
STREET ADDRESS GCS FL 32043
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600042572206
STREET ADDRESS 11/08/04--01067--012 **763.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE: Bernice Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-3-04 9042841775