

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030484

1. Entity Name

PLANETARY PUBLISHING COMPANY

Principal Place of Business

2912 CASTLE OAK AVENUE
ORLANDO FL 32808

Mailing Address

POST OFFICE BOX 681087
ORLANDO FL 32868

2. Principal Place of Business

3608 JERICHO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 300865

Suite, Apt. #, etc.

City & State

CASSA BERRY, FL

Zip

FL 32707

Country

US

City & State

FERN PARK

Zip

FL 32730

Country

4. FEI Number

59-3371919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CADWALLADER, DARRELL J
2912 CASTLE OAK AVENUE
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2001

Date

407-782-3239

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0483886

CR2E034 (10/00)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90185 028 ***150.00