

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071290

1. Entity Name

PLANETARY PRODUCTS COMPANY

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90033 028 ***150.00

Principal Place of Business

Mailing Address

4601 SW 34TH STREET
SUITE 102
ORLANDO FL 32811

1031 W. MORSE BLVD.
SUITE 270
WINTER PARK FL 32789-3750

2. Principal Place of Business

3. Mailing Address

2699 Lee Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 120

City & State

City & State

Winter Park FL

Zip

Country

Zip

32789

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3404770

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

SWANN & HADLEY, P.A.
1031 W. MORSE BLVD.
SUITE 270
WINTER PARK FL 32789

Name

Miller South & Dimasi, P.A.

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

2699 Lee Rd. Suite 120

City

Winter Park

FL

Zip Code

32789

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

Patricia Miller South & Dimasi 3.20.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MILHAUSEN, JEFFREY P
STREET ADDRESS 1031 W. MORSE BLVD., STE. 270
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE PD
NAME Jeffrey P. Milhausen ☒ Change ☐ Addition
STREET ADDRESS 2699 Lee Rd. Suite 120
CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Jeffrey P. Milhausen

3.20.00

407
539
1638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)