

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086327

1. Entity Name

PLANET POLICE CORP.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90035 024 ***150.00

Principal Place of Business

Mailing Address

2000 SHARON ST
BOCA RATON FL 33486

2000 SHARON ST
BOCA RATON FL 33486-3135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8180 96TH CT. S.

8180 96TH CT. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BCH. FL.

City & State

BOYNTON BCH. FL.

4. FEI Number

65-0703425

Applied For

Not Applicable

Zip

33437

Country

PAUM BCH.

Zip

33437

Country

PAUM BCH.

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

THORNSBURY, KENNETH

8892 156TH CT. SOUTH

DELRAY BEACH FL 33446

* ADDRESS
CHANGE.

Name

KENNETH. THORNSBURY.

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

8180 96TH CT. SOUTH.

City

BOYNTON BCH.

FL

Zip Code

33437

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

PRES. KENNETH THORNSBURY.
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	THORNSBURY, KENNETH	
STREET ADDRESS	2000 SHARON ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)