

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90107 005 ***150.00

DOCUMENT # P96000097269

1. Entity Name
FOCAL PLANE, INC.



Principal Place of Business
**4445 N A1A
#200
VERO BEACH FL 32963
US**

Mailing Address
**4445 N A1A
#200
VERO BEACH FL 32963
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0761594**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIRSCH, MICHELE
1541 S.W. APRICOT ROAD
PORT ST. LUCIE FL 34953**

*NAME
Change*

Name **Scherger Michele**

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

1541 SW APRICOT Rd

City

Port St. Lucie

FL

Zip Code

34953

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Michele Scherger

4/26-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **HIRSCH, MICHELE**
STREET ADDRESS **1541 S.W. APRICOT RD.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

☒ Delete

*NAME
Change*

TITLE **D**
NAME **MICHELE Scherger**
STREET ADDRESS **1541 SW APRICOT Rd**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

☒ Change

☐ Addition

TITLE **VP**
NAME **HIRSCH, DONALD**
STREET ADDRESS **250 NORTH VILLAGE AVENUE**
CITY-ST-ZIP **ROCKVILLE CENTER NY 11570**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Michele Scherger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26-03

Date

Daytime Phone #

CR2E034 (10/02)