

# 2000 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # P96000099417

1. Entity Name

Plexus Services, Inc.

FILED

00 OCT 30 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2999 S.R. 44 W.  
#101

P.O. Box 3474  
DeLand, FL 32721-3474

DeLand, FL 32720

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

59-3427756

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAAC S. OYALS  
5703 Red Bug Rd  
Suite 123  
Winter Springs, FL 32708

Name J.T. CATO  
Street Address (P.O. Box Number is Not Acceptable)  
2999 S.R. 44 W.  
#101  
City DeLand FL Zip Code 32720

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

*J. J. Cato*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	Pres.	<input checked="" type="checkbox"/> Delete
NAME	Isaac Oyals	
STREET ADDRESS	5703 Red Bug Rd.	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	Ellis R Oyals	
STREET ADDRESS	5703 Red Bug Rd	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L. ASA Teem	
STREET ADDRESS	2999 S.R. 44 W.	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	J.T. CATO / Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2999 S.R. 44 W.	
STREET ADDRESS	DeLand, FL 32720	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *J. J. Cato* J.T. CATO  
Signature and Typed or Printed Name of Signing Officer or Director Sec/Treas. 10-6-2000 904-736-9928  
Date Daytime Phone #

CR2E034 (5/00)

Friday, October 06, 2000

Plexus Services, Inc.  
P.O. Box 3474  
Deland, Florida 32721-3474

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Corporation Number P96000099417

We did not receive a UBR for 2000. We would appreciate it if you would  
waive the late filing penalty.

I have enclosed a UBR for 2000 with this letter. Including our check in the amount  
of \$150.00.

Cordially,



T'Lene Cato  
Secretary/Treasurer