2000 UNIFORM BUSINESS REPORT!(UBR) DOCUMENT # P97000011038 1. Entity Name PLANET-FLA.COM, INC.

FILED Jul 18, 2000 8:00 am Secretary of State 06-22-2000 90050 006 ***150.00

Principal Place	e of Business	Mailing Address	Mailing Address								
611 N. MERIDIAN AVENUE TAMPA FL 33602		611 N. MERIDIAN AVENU TAMPA FL 33602-3114	611 N. MERIDIAN AVENUE TAMPA FL 33602-3114								
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	N THIS SPA	ACE		_	
City & State		City & State	City & State		FEI Number	59-3426566		<u> </u>	plied For t Applicable	l j	
Zip Country		Zip	Zip Country		. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Curre	nt Registered Agent			Name and Ac	dress of New Regis	tered Ag	ent		l	
*		الم المحادث الم	· 1	lame		- 1				ŀ -	
	ins, Brenda		Street Address ((P.O. Box Number is Not Acceptable)					
	n. Meridian avenue					<u>. </u>			_ .	l	
TAME	PA FL 33602		Ĺ							İ	
	•		C	City			FL	Zip Code	9	l	
R The above	named entity submits this statement	for the purpose of chanding	its registered o	ffice or registered a	gent, or both,	n the State of Florida		-		1	
o, me above	HEITICO CIDITY CODINICO IND CONTONIO	to the halfses of every 34.3			•					l	
SIGNATURE _	Signature, typed or printed name of registered ap	ent and title if applicable. (h	OTE: Registered Age	ant signature required when	reinstating)		DATE		 _		
			FILE NOW!!! FEE IS \$150.00		T				_	ì	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1,	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			on Campaign Financ Fund Contribution.	ing 🔲		O May Be to Fees	!	
11.	OFFICERS AN	ND DIRECTORS	12.		IDNTIONS/CH	IANGES TO OFFICE	RS AND D	RECTORS	3 IN 11	<i>-</i> . ا	
TITLE	D	☐ Delete	TITLE					Change	☐ Addition	CR2: 034 (9/99)	
NAME	Wilkins, Brenda		NAME							K.	
STREET ADDRESS	611 N. MERIDIAN AVE		STREET AL CITY-ST-	I						Ę	
CITY-ST-ZIP	TAMPA FL 33602			21F				Change	Addition	8	
TITLE NAME		☐ Delete	TITLE NAME				_				
STREET ADDRESS			STREET AL	DORESS					•	i	
CITY-ST-ZIP			CITY-ST-	ZIP			·			ſ	
TITLE		☐ Delete	TITLE				C	Change	Addition		
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TITLE		☐ Delete	TITLE				[Change	Addition	[
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CITY-ST-ZIP	·	□ Delete	TITLE	- 				Change	Addition	ĺ	
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STREET ADDRESS	••		STREET A	ODRESS					ļ	İ	
CITY-ST-ZIP			CITY-ST-	<u> </u>						i	
13. I hereby o	certify that the information supplied y	vith this filing does not qualify	for the exempt	ion stated in Section	n 119.07(3)(i),	Florida Statutes. I fur	ther certify	that the ir	nformation	i	

rnerety ceruly triat the information supplied with this limit does not qualify for the exemplified and 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 exachment with an address, with all other like empowered.