

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90092 049 ***150.00

DOCUMENT # P97000028300
1. Entity Name
Plan Developers, Inc.

DO NOT WRITE IN THIS SPACE

B0051502

| | |
|---|---|
| 2. Principal Place of Business <u>221 Hobbs Street</u> Suite, Apt. #, etc. <u>Suite 101</u> City & State <u>Tampa, Florida</u> Zip <u>33619</u> Country <u>U.S.</u> | 3. Mailing Address <u>221 Hobbs Street</u> Suite, Apt. #, etc. <u>Suite 101</u> City & State <u>Tampa, Florida</u> Zip <u>33619</u> Country <u>U.S.</u> |
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|---|--|
| 4. FEI Number <u>650761392</u> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

| | |
|--|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name <u>Rayburn Martin</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>221 Hobbs Street, Suite 101</u> | |
| City <u>Tampa</u> | FL Zip Code <u>33619</u> |

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] DATE 3/6/2002
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|--|

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>President/Director</u> <u>Eric Arfons</u> <u>221 Hobbs Street, Suite 101</u> <u>Tampa, Florida 33619</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>VP/S/T/Director</u> <u>Rayburn Martin</u> <u>221 Hobbs Street, Suite 101</u> <u>Tampa, Florida 33619</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 3/6/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)