

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90255 003 ***150.00

0364471 AV

DOCUMENT # P97000045174

1. Entity Name

PLANET EARTH PROJECT, INC.



Principal Place of Business
**3811 NORTH 66TH AVENUE
HOLLYWOOD FL 33024
US**

Mailing Address
**4611 S UNIVERSITY DRIVE
#224
DAVIE FL 33328
US**



2. Principal Place of Business

4611 S. University Dr.

3. Mailing Address

Suite, Apt. #, etc.
224

City & State
Davie, FL

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0754982**

Applied For

Not Applicable

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

**SMITH, LANNY ELIOT
4611 S UNIVERSITY DRIVE
#224
DAVIE FL 33314**

Name

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

City

FL

Zip Code

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

4/12/03

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** ☐ Delete
NAME **SMITH, LANNY ELIOT**
STREET ADDRESS **3811 NORTH 66TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Change ☐ Addition
NAME **Lanny Smith**
STREET ADDRESS **4611 S. University Drive #224**
CITY-ST-ZIP **Davie, FL 33328**

TITLE **D** ☐ Delete
NAME **SMITH, SHARMAN BOLES**
STREET ADDRESS **3811 NORTH 66TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Change ☐ Addition
NAME **Sharmen Smith**
STREET ADDRESS **4611 S. University Dr. #224**
CITY-ST-ZIP **Davie, FL 33328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

954-5367888

Date

Daytime Phone #

CR2E034 (10/02)