

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052052

1. Entity Name

PLANET 9 BALL, INC.

Principal Place of Business

11236 W. HILLSBOROUGH AVE
TAMPA FL 33635
US

Mailing Address

11236 WEST HILLSBOROUGH
TAMPA FL 33635
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 59-3468812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, BETTY
11236 W. HILLSBOROUGH AVE
TAMPA FL 33635-9719

7. Name and Address of New Registered Agent

Name KENNETH MILLER

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

11236 W. HILLSBOROUGH AVE

City TAMPA

FL

Zip Code 33635

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, 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE DP
NAME POWELL, BETTY A ☒ Delete
STREET ADDRESS 11236 WEST HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33635-9719

TITLE DVS
NAME MCCLURE, MARGARET C ☐ Delete
STREET ADDRESS 11236 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33635-9719

TITLE D
NAME MILLER, KENNETH I ☐ Delete
STREET ADDRESS 6024 WILSTHER DRIVE
CITY-ST-ZIP TAMPA FL 33615

TITLE D
NAME POWELL, RICHARD R ☒ Delete
STREET ADDRESS 11236 WEST HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE DP
NAME MILLER, KENNETH I ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

KENNETH MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

(813) 818-7665

Daytime Phone #

CR2E034 (10/00)

0521048

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90053 010 ***150.00



DO NOT WRITE IN THIS SPACE