

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074801

1. Entity Name

PLF, INC.

Principal Place of Business

Mailing Address

COMMUNICATIONS SALES CO.
448 MEADOWOOD BLVD.
FERN PARK FL 32730

835 LEE ROAD
ORLANDO FL 32810-5518

2. Principal Place of Business

3. Mailing Address

COMMUNICATIONS SALES Co
Suite, Apt. #, etc.
835 LEE ROAD

Suite, Apt. #, etc.

(SAME)

City & State

City & State

ORLANDO

FL

Zip
32810

Country

ORANGE

Zip

Country

4. FEI Number

59-3464810

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

FINKE, PAMELA L
448 MEADOWOOD BOULEVARD
FERN PARK FL 32730

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.

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	FINKE, PAMELA L	
STREET ADDRESS	448 MEADOWOOD BLVD.	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	TS	<input type="checkbox"/> Delete
NAME	FINKE, JOHN B	
STREET ADDRESS	448 MEADOWOOD BLVD.	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	FINKE, JOHN B	
STREET ADDRESS	448 MEADOWOOD BLVD.	
CITY-ST-ZIP	FERN PARK FL 32730	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pamela Finke, President / PAMELA FINKE 1-10-00 407-628-8005

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90055 003 ***150.00

011100



DO NOT WRITE IN THIS SPACE