

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90183 041 ***150.00

DOCUMENT # P97000078978

1. Entity Name

PL&E INVESTMENT SERVICES, INC.

Principal Place of Business

6622 SOUTHPOINT DR S
STE 495, BARNETT PLAZA
JACKSONVILLE FL 32216-6188

Mailing Address

P O BOX 550507
JACKSONVILLE FL 32255-0507
US

60044410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3467637**

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

PRESSER, EDWIN
4417 BEACH BLVD, STE 310
JACKSONVILLE FL 32207

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DANIEL M EDELMAN	6622 SOUTHPOINT DR S #495	JACKSONVILLE FL 32216				
	VP		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WILLIAM R LAHNEN, JR	6622 SOUTHPOINT DR S #495	JACKSONVILLE FL 32216				
	VP		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RANDALL L HERNDON	6622 SOUTHPOINT DR S #495	JACKSONVILLE FL 32216				
	ST		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NEIL N PRESSER	6622 SOUTHPOINT DR S #495	JACKSONVILLE FL 32216				
	AST		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	JOHN W RANES, JR	6622 SOUTHPOINT DR S #495	JACKSONVILLE FL 32216				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 (904) 2969883

Date

Daytime Phone #

CR2E034 (9/99)