

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90007 015 ***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**

2. Principal Place of Business

**6622 Southpoint Dr., S.
 Suite, Apt. #, etc.
 Suite 495**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

Neil N Presser **Neil N Presser** 2/26/01 904 296 9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0459183