

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101402

1. Entity Name

PLUTONIAN PLUSH TOY COMPANY

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90034 045 ***150.00

Principal Place of Business

Mailing Address

9840 11TH AVE
ORLANDO FL 32824
US

9840 11TH AVENUE
ORLANDO FL 32824-8711

2. Principal Place of Business

9840 11TH AVE

Suite, Apt. #, etc.

3. Mailing Address

9840 11TH AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3480099

Applied For

Not Applicable

Zip

32824

Country

US

Zip

32824

Country

US

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

ROUZIER, PIERRE R
9840 11TH AVENUE
ORLANDO FL 32824

Name

PIERRE ROUZIER

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

9840 11TH AVE

City

ORLANDO

FL

Zip Code

32824

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, type or print 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 P ☐ Delete
NAME ROUZIER, PIERRE R
STREET ADDRESS 9840 11TH AVE
CITY-ST-ZIP ORLANDO FL 32824

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000 407 851 3120

Date

Daytime Phone #

CR2E034 (9/99)