

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014997

1. Entity Name

~~AUCTION BROKER SOFTWARE, INC.~~

SPLANTA TECHNOLOGIES CORPORATION

Principal Place of Business

6103 JOHNS ROAD  
STE 1  
TAMPA FL 33634

Mailing Address

PO BOX 260502  
TAMPA FL 33685

2. Principal Place of Business

3. Mailing Address

P.O. Box 260502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
TAMPA, FL

Zip

Country

Zip

Country

33685

USA

REINSTATEMENT

4. FEI Number 59-3509658

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLAVNICK, KIMBERLY B  
6103 JOHNS ROAD  
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name  
JOHN TORTORELLO  
Street Address (P.O. Box Number is Not Acceptable)  
6103 JOHNS RD. # 1  
City TAMPA, FL Zip Code 33634

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

*J. Tortorello*

12/14/01

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 VPST  
NAME PLAVNICK, KIMBERLY B  
STREET ADDRESS 6103 JOHNS ROAD STE 1  
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME JOHN V. TORTORELLO  
STREET ADDRESS 4822 BONITA VISTA DR  
CITY-ST-ZIP TAMPA, FL 33634 ☐ Change ☒ Addition

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

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

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

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

*J. Tortorello*

12/14/01

(S13) 881-1425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0522818

CR2E034 (10/00)