

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016009

1. Entity Name
PLANETBID.COM, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90059 019 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 811689
BOCA RATON FL 33481-1689

POST OFFICE BOX 811689
BOCA RATON FL 33481-1689

2. Principal Place of Business

6401 EAST ROGERS CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SUITE 9

City & State

Boca Raton

Zip

FL

Country

USA

Zip

Country

4. FEI Number

65-0823733

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

SHAFER, ROGER L JR
2201 CORPORATE BOULEVARD N.W.
SUITE 105
BOCA RATON FL 33431

Name

RICHARD B. CARTA

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

4622 NW 26TH WAY

City

Boca Raton

FL

Zip Code

33434

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)

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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	S	<input type="checkbox"/> Delete
NAME	CARTA, RICHARD R	
STREET ADDRESS	6401 E ROGERS CIR STE 9	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, MICHAEL	
STREET ADDRESS	6401 E ROGERS CIR STE 5	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMMS, R J	
STREET ADDRESS	6401 E ROGERS CIR STE 5	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 #

4/20/00