

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90222 043 \*\*\*150.00

DOCUMENT # P98000046261

1. Entity Name  
**PLANES OF PALM BEACH INC.**

Principal Place of Business  
**7939 MANOR FOREST BLVD.  
 BOYNTON BEACH FL 33462**

Mailing Address  
**7939 MANOR FOREST BLVD.  
 BOYNTON BEACH FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**7939 MANOR FOREST BLVD** **7939 MANOR FOREST BLVD**

City & State  
**Boynton Beach FL**

City & State  
**Boynton Beach FL**

Zip  
**33436**

Country  
**USA**

Zip  
**33436**

Country  
**USA**

4. FEI Number **65-0856097**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL, MATTHEW E  
 7939 MANOR FOREST BLVD.  
 BOYNTON BEACH FL 33462**

7. Name and Address of New Registered Agent

Name  
**MAXWELL, MATTHEW E.**

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

**7939 MANOR FOREST BLVD**

City **Boynton Beach FL**

Zip Code **33436**

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 *Matthew E Maxwell* **PRES MATTHEW E. MAXWELL**

Date **4/22/01**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAXWELL, MATTHEW E</b>	
STREET ADDRESS	<b>7939 MANOR FOREST BLVD.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33462</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CZASTER, MATHEW J</b>	
STREET ADDRESS	<b>3982 GREENFIELD CIR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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		

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: *Matthew E Maxwell Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/01**

Daytime Phone # **561-351-7865**

CR2E034 (10/00)