

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
 Suite, Apt. #, etc.
7939 MANOR FOREST BLVD

3. Mailing Address
 Suite, Apt. #, etc.
7939 MANOR FOREST BLVD

City & State
Boynton Beach FL

City & State
Boynton Beach FL

Zip
33436

Country
USA

Zip
33436

Country
USA



DO NOT WRITE IN THIS SPACE

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** **4/22/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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** **4/22/01** **561-351-7865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)