

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070122

1. Entity Name

CARL PLESNER, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90033 003 ***150.00

Principal Place of Business

4234 BAY POINT RD
PANAMA CITY BCH FL 32408

Mailing Address

PO BOX 27494
PANAMA CITY BCH FL 32408

2. Principal Place of Business

3. Mailing Address

P O BOX 27494

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PANAMA CITY FL

4. FEI Number

59-3527882

Applied For

Not Applicable

Zip

Country

Zip

Country

32411

USA

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

PLESNER, CARL
2956 HARRISON AVE APT H
PANAMA CITY FL 32405

Name

PLESNER, CARL

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

4234 BAY POINT ROAD

City

PANAMA CITY BCH FL

Zip Code

32408

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

Carl Plesner

2/4/00

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
PLESNER, CARL
4234 BAY POINTE RD
PANAMA CITY BCH FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
PLESNER, CARL
4234 BAY POINT RD
PANAMA CITY BCH FL 32408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Carl Plesner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/00

850-832-5218

CR2E034 (9/99)