

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90058 048 \*\*\*150.00

**DOCUMENT # P98000070122**

1. Entity Name

**CARL PLESNER, INC.**

Principal Place of Business

**4234 BAY POINT RD  
PANAMA CITY BCH FL 32408**

Mailing Address

**PO BOX 27494  
PANAMA CITY FL 32411**

2. Principal Place of Business

**4234 BAY POINT ROAD**

3. Mailing Address

Suite, Apt. #, etc.

**HARBOR VILLAS BLDG # 7**

Suite, Apt. #, etc.

City &amp; State

**PANAMA CITY FL**

City &amp; State

4. FEI Number

**59-3527882**

Applied For

Not Applicable

Zip

**32411**

Country

**US**

Zip

Country

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****4234 BAY POINT ROAD****PANAMA CITY FL 32408 PANAMA CITY FL 32411**

Name

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

City

**FL**

Zip Code

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) ☐**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD PLESNER, CARL 4234 BAY POINTE RD PANAMA CITY BCH FL 32408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD PLESNER, CARL 4234 BAY POINT ROAD BAY POINT FL 32411</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CARL PLESNER****2/1/01****850-236-7524**

CR2E034 (10/00)