

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000079210**

1. Entity Name

PLANET SOLUTIONS OF FLORIDA, INC.**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90145 034 ***150.00

Principal Place of Business

2150 NW 33RD ST., #A
POMPANO BEACH FL 33069

Mailing Address

2150 NW 33RD ST., #A
POMPANO BEACH FL 33069-1054

2. Principal Place of Business

5601 N. Powerline Rd.

Suite, Apt. #, etc.

301

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Address

5601 N. Powerline Rd.

Suite, Apt. #, etc.

301

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0877055

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

HUNTER, TIMOTHY J
2150 NW 33RD ST., #A
POMPANO BEACH FL 33069

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	HUNTER, TIMOTHY J	
STREET ADDRESS	2150 NW 33RD ST., #A	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUNTER, LAURA	
STREET ADDRESS	2150 NW 33RD ST #A	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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 #

CR2E034 (9/99)