


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State
09-05-2003 90110 045 ***550.00

012137 AT

DOCUMENT # **P98000083795**

1. Entity Name
PLANSON III, INC.



Principal Place of Business
**3017 VISTA PALM DR
EDGEWATER FL 32141**

Mailing Address
**3017 VISTA PALM DR
EDGEWATER FL 32141**

2. Principal Place of Business
521 OLD MINORCAN TRAIL


3. Mailing Address
P.O. BOX 664

City & State
NEW SMYRNA BEACH FL.

City & State
EDGEWATER, FL.

Zip
32168

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3539410** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PLANSON, STANLEIGH H. JR. III (SAME PERSON) TYPED
**2627 NEEDLE PALM DRIVE
EDGEWATER FL 32141**

7. Name and Address of New Registered Agent

Name
III

Street Address (P.O. Box Number is Not Acceptable)
521 OLD MINORCAN TRAIL

City
NEW SMYRNA BEACH FL Zip Code
32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANSON, STANLEIGH H III P.O. BOX 664 N/A EDGEWATER FL 32141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT (SAME) 521 OLD MINORCAN TRAIL NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOGAN, JAMES JR. 3063 RAGIS RD EDGEWATER FL 32132	<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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LOGAN V.P.** 9/2/03 386-760-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CFR2E034 (4/03)