

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013542

1. Entity Name

PLW, Incorporated

Principal Place of Business

Mailing Address

525 John Knox Rd Unit A

Tallahassee, FL 32303

2. Principal Place of Business

3. Mailing Address

525 John Knox Rd

525 John Knox Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Country

Zip

Country

32303

Leon

32303

Leon

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael W Dugger

903 Lasswide Dr

Tallahassee FL 32312

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 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 ☐ Delete
NAME Patrick L White
STREET ADDRESS 525 John Knox Rd
CITY-ST-ZIP Tallahassee FL 32303

☐ Change ☐ Addition
8000003415678--8
-10/05/00--01107--006
****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition
LS

TITLE ☐ Delete
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:

Patrick L White President

850-385-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 SEP 28 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

9/28/00

Dept. of State
Division of Corporations

I never received a statement requesting an annual report for my corporation PLW, INCORPORATED. I am a new at this and I did not know you have to file every year. Please reinstate my corporation without the late fee.

Thank you,

A handwritten signature in black ink, appearing to read "Lee White", with a stylized flourish at the end.

Lee White
President