

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037433

1. Entity Name  
G.W. PLOSSL AND CO., INC.

Principal Place of Business Mailing Address  
13652 PINE VILLA LANE 13652 PINE VILLA LANE  
FORT MYERS FL 33912 FORT MYERS FL 33912

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 06-0851529 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PLOSSL, GEORGE W  
13652 PINE VILLA LANE  
FORT MYERS FL 33912

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2002 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

TITLE PSD  
NAME PLOSSL, GEORGE W  
STREET ADDRESS 13652 PINE VILLA LANE  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE VTD  
NAME PLOSSL, MARION L  
STREET ADDRESS 13652 PINE VILLA LANE  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE D  
NAME PLOSSL, KEITH R  
STREET ADDRESS 3431 WINFAIR PLACE  
CITY-ST-ZIP MARIETTA GA 30062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *George W. Plossl, President*

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90015 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

04851/R AV

CR2E034 (9/01)

Jan 6 '02 (94) 432-1532