

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038200

1. Entity Name
PLAN IT EARTH FOUNDATION, INC.

NOT 1 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04-23-2001 90033 024 ***150.00
01 MAY 15 PM 1:26

Principal Place of Business 209 WHITCOMB DRIVE GENEVA FL 32732	Mailing Address 209 WHITCOMB DRIVE GENEVA FL 32732
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3638250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STACEY, CYNTHIA 209 WHITCOMB DRIVE GENEVA FL 32732	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 resigning) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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: <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STACEY, CYNTHIA 209 WHITCOMB DRIVE GENEVA FL 32732 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **April 14, 2001 407.342.0202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (10/00)