

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-25-2000 90082 041 ***150.00

DOCUMENT # P99000040131

1. Entity Name

THE PLANROOM, INC.

Principal Place of Business

Mailing Address

2805 TAMiami TRAIL SUITE B
PUNTA GORDA FL 33950

2805 TAMiami TRAIL SUITE B
PUNTA GORDA FL 33950-7271

2. Principal Place of Business

2705 TAMiami TRAIL

Suite, Apt. #, etc.

SUITE 211

3. Mailing Address

2705 TAMiami TRAIL

Suite, Apt. #, etc.

SUITE 211

City & State

PUNTA GORDA, FLORIDA

City & State

PUNTA GORDA, FLORIDA

Zip

33950

Country

Zip

33950

Country

4. FEI Number

05-0917071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GOMES, ROBERT
2805 TAMiami TRAIL, SUITE B
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2705 Tamiami Tr Suite 211

City

Punta Gorda

FL

Zip Code

33950

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

TITLE **Gomes, Robert** ☐ Delete
NAME **8512 Alan Blvd**
STREET ADDRESS **Punta Gorda, FL 33982**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D/S/T** ☐ Change ☒ Addition
NAME **ROBERT GOMES**
STREET ADDRESS **8512 ALAN BLVD.**
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE **D/VP** ☐ Change ☒ Addition
NAME **EDWARD R. STEVENS**
STREET ADDRESS **21150 GERTRUDE AVE. UNIT L4**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

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

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

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

TITLE ☐ Change ☐ 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

ROBERT GOMES

Date

4/18/00

Daytime Phone #

941-637-7500

CR2E034 (9/99)