

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087960

1. Entity Name

PLP, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90171 003 ***150.00

Principal Place of Business

Mailing Address

1917 TANGLEWOOD DRIVE. N.E.
ST. PETERSBURG FL 33702

1917 TANGLEWOOD DRIVE. N.E.
ST. PETERSBURG FL 33702-4735

2. Principal Place of Business

731 AIRPORT ROAD

Suite, Apt. #, etc.

UNIT G

City & State
PANAMA CITY, FL

Zip
32405

Country
BAY

3. Mailing Address

731 AIRPORT ROAD

Suite, Apt. #, etc.

UNIT G

City & State
PANAMA CITY, FL

Zip
32405

Country
BAY



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3603296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWEN, GEORGE W JR.
9800 FOURTH STREET, NORTH
SUITE 403
ST. PETERSBURG FL 33702

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

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	PVST	<input type="checkbox"/> Delete
NAME	PEARSON, PAUL L III	
STREET ADDRESS	1917 TANGLEWOOD DRIVE, N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, PAUL L III	
STREET ADDRESS	1917 TANGLEWOOD DRIVE, N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/V/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL L. PEARSON, III	
STREET ADDRESS	2121 HARRISON AVE., T-8	
CITY-ST-ZIP	PANAMA CITY, FL. 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul L. Pearson, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL L. PEARSON, III

Date

Daytime Phone #

CR2E034 (9/99)