

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90159 011 ***150.00

DOCUMENT # F88540

1. Entity Name
CORPORATE PLAN SERVICES, INC.

Principal Place of Business
**222 LAKEVIEW AVENUE
 SUITE 1660
 WEST PALM BEACH FL 33401-6149
 US**

Mailing Address
**222 LAKEVIEW AVENUE
 SUITE 1660
 WEST PALM BEACH FL 33401-6149
 US**

2. Principal Place of Business
**515 No. Flagler Dr.
 Suite 204**

3. Mailing Address
P.O. Box 1237

City & State
**West Palm Bch, FL
 Zip 33401
 Country USA**

City & State
**West Palm Bch, FL
 Zip 33402-1237
 Country USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2832682** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAMS, DANIEL J
 1645 PALM BEACH LAKES BLVD, STE 1050
 W PALM BEACH FL 33401**

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 *R. M. Flah* **Richard M. Flah, President** 1-30-01
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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PST	FLAH, RICHARD	222 LAKEVIEW AVENUE, SUITE 1660 WEST PALM BEACH FL	<input type="checkbox"/>					
				<input type="checkbox"/>			515 N. Flagler Dr. -suite 204 West Palm Bch, FL 33401		<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

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: *R. M. Flah* **R. M. Flah Pres.** 1/30/01 **(561) 655-7976**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)