

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90151 011 ***150.00

DOCUMENT # P95000022918

1. Entity Name

ESTATE PLANNING SPECIALISTS (EPS), INC.

Principal Place of Business

Mailing Address

5665 TRAILWINDS DR #626
 FT MYERS FL 33907

5665 TRAILWINDS DR #626
 FT MYERS FL 33907-8368

2. Principal Place of Business

3. Mailing Address

2227 TREEHAVEN CIRCLE

2227 TREEHAVEN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-0570316

Applied For

Not Applicable

Zip

33907

Country

LEE

Zip

33907

Country

LEE

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, PATRICK B
5665 TRAILWINDS DR #626
FT MYERS FL 33907

Name

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

2227 TREEHAVEN CIRCLE

City

FORT MYERS

FL

Zip Code

33907

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	ROBINSON, PATRICK B	5665 TRAILWINDS DR #626 FT MYERS FL 33907	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
			2227 TREEHAVEN CIRCLE				
<input type="checkbox"/> Delete	D	HECK, ROBERT	5700 TRAILWINDS DR #424 FT MYERS FL 33907	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
			4289 MARINER WAY 33912				#112
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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: Patrick B. Robinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (941) 275-8024
 Date Daytime Phone #

CR2E034 (3/9/99)