

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90740 037 ***150.00

DOCUMENT # P950000 22918

1. Entity Name
ESTATE PLANNING SPECIALISTS (EPS), INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2227 TREEHAVEN CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
2227 TREEHAVEN CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
650570316

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**

7. Name and Address of Current Registered Agent

Name
PATRICK B. ROBINSON

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 *Patrick B. Robinson* PATRICK B. ROBINSON

5/15/02
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
P/D
NAME
ROBERT P. HECK
STREET ADDRESS
4289 MARINER WAY #112
CITY-ST-ZIP
FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
V/D
NAME
PATRICK B. ROBINSON
STREET ADDRESS
2227 TREEHAVEN CIRCLE
CITY-ST-ZIP
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick B. Robinson* PATRICK B. ROBINSON 5/15/02 239-274-5547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #