

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90214 004 \*\*\*150.00

0536147 AN

**DOCUMENT # P98000040480**



1. Entity Name  
**ADVISORS TRUST PLANNING & INVESTMENT COMPANY, IN C.**

Principal Place of Business  
**5811 PELICAN BAY BLVD  
SUITE 300  
NAPLES FL 34108**

Mailing Address  
**5811 PELICAN BAY BLVD  
SUITE 300  
NAPLES FL 34108**



2. Principal Place of Business  
**1185 Immokalee Rd.  
Suite, Apt. #, etc.  
Suite 120**

3. Mailing Address  
**1185 Immokalee Rd.  
Suite, Apt. #, etc.  
Suite 120**

CHECK HERE IF MAKING CHANGES

City & State  
**NAPLES FL**

City & State  
**NAPLES, FL**

4. FEI Number **59-3513696** Applied For  
Not Applicable

Zip Country  
**34110**

Zip Country  
**34110**

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

6. Name and Address of Current Registered Agent  
**COX, JOE B ESQ.  
3001 TAMiami TRAIL N SUITE 1000  
NAPLES FL 34108**

7. Name and Address of New Registered Agent  
**Joe B. Cox, c/o Cox & Nici  
1185 Immokalee Road, Suite-110  
Naples, FL 34110**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **7-1-03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>COX, JOE B 5811 PELICAN BAY BLVD. SUITE 300 NAPLES FL 34108</b>	TITLE <b>VPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1185 IMMOKALEE Rd., Suite #120 NAPLES, FL. 34110</b>
TITLE <b>RP</b>	<input type="checkbox"/> Delete <b>SMARG, RICHARD M 5811 PELICAN BAY BLVD. SUITE 300 NAPLES FL 34108</b>	TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1185 IMMOKALEE Rd., Suite #120 NAPLES, FL. 34110</b>
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete <b>BENSON, STEVEN T 5811 PELICAN BAY BLVD SUITE 300 NAPLES FL 34108</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Delete</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>ROTSCHILD, STEPHEN O 5811 PELICAN BAY BLVD. SUITE 300 NAPLES FL 34108</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Delete</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **RICHARD SMARG, Pres.** DATE: **3-21-03** DAYTIME PHONE #: **239-434-7500**

CR2E034 (10/02)