## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 694955** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name SPECKMAN FINANCIAL PLANNING CORPORATION 04-12-2000 90158 039 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 60237 13692 PINE VILLA LANE FT MYERS FL 33912 FT MYERS FL 33906-6237 2. Principal Place of Business 3. Mailing Address 13680 Hickory Run Lane DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2106122 Ft. Myers, E. 3391. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33912 Lee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPECKMAN, RONALD E. Street Address (P.O. Box Number is Not Acceptable) 13692 PINE VILLA LANE FORT MYERS FL 33912 Zip Code City 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\nabla$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition CROFICE MAIN TITLE SPECKMAN, RONALD E NAME NAME 13692 PINE VILLA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 00000 CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE KOUWENHOVEN, PETER W NAME 1450 JEFFERSON AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT MYERS, FL 00000 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE SPECKMAN, JANE M NAME NAME 13692 PINE VILLA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 00000 Change ☐ Addition □ Delete TITLE TITLE SPECKMAN, TRENT V NAME NAME 6467 MORGAN LA FEE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33912 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

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 17 to Block 12 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \*\*President\*\* 4/6/00 (941) 561-9353

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #