

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000003229

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: AMERICAN RETIREMENT PLANNERS CORP.

Current Principal Place of Business:

501 N. WASHINGTON AVE.
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

501 N. WASHINGTON AVE.
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-3718592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASSEY, CHARLES
307 RICHARDS AVE.
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

GLASSEY, CHARLES
501 N. WASHINGTON AVE.
CLEARWATER, FL 33755 US

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:

04/28/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: GLASSEY, CHARLES
Address: 307 RICHARDS AVE.
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: GLASSEY, CHARLES
Address: 501 N. WASHINGTON AVE.
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES GLASSEY

PVST

04/28/2002

Electronic Signature of Signing Officer or Director

Date