

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F75991

1. Entity Name

PENSION PLANNERS OF FMY, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90131 042 ***150.00

758559



DO NOT WRITE IN THIS SPACE

Principal Place of Business 801 LAUREL OAK DRIVE STE 610 NAPLES FL 34108-2707 US	Mailing Address 801 LAUREL OAK DRIVE STE 610 NAPLES FL 34108 US
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2. Principal Place of Business 1045 Waterfront Crosspointe Dr. Suite, Apt. #, etc. Suite # 2	3. Mailing Address 1045 Crosspointe Drive Suite, Apt. #, etc. Suite # 2
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City & State Naples, FL	City & State Naples, FL
Zip 34110	Zip 34110
Country US	Country US

4. FEI Number 59-2185060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROWE, FRED 801 LAUREL OAK DRIVE STE 610 NAPLES FL 34108	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1045 Crosspointe Dr., Suite # 2 City Naples, FL Zip Code 34110
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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 <u>Fred Rowe</u> <u>Fred Rowe</u>	DATE <u>4/26/01</u>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ROWE, FRED 801 LAUREL OAK DRIVE NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Fred Rowe</u> <u>Fred Rowe</u>	DATE <u>4/26/01</u>	DAYTIME PHONE # <u>(941) 598-9992</u>
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CR2E034 (10/00)