

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002097

1. Entity Name

RETIREMENT PLANNING STRATEGIES LTD., INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90094 024 ***158.75

Principal Place of Business

Mailing Address

4801 W. PETERSON AVE., #512--
CHICAGO IL 60646

4801 W. PETERSON AVE., #512--
CHICAGO IL 60646-5795

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

618

Suite, Apt. #, etc.

618

City & State

City & State

4. FEI Number

36-3520577

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PECK, CAROLE JA

~~3951 GULF SHORES BLVD., N., #104~~
~~NAPLES FL 34103~~

Name

Street Address (P.O. Box Number is Not Acceptable)

123 Barefoot Circle

City Bonita Springs

FL

Zip Code 34134

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

Carole J.A. Peck, President
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

4-13-00

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDC PECK, CAROLE J A 3951 GULF SHORES BLVD., N., #104 NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	123 BAREFOOT CIRCLE BONITA SPRINGS, FL 34134	<input checked="" 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:

Carole J.A. Peck, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROLE J.A. PECK

4-12-00

Date

773-736-3366

Daytime Phone #

CR2000 (04/00)