2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G78733

1. Entity Name

FINANCIAL PLANNING AND MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
805 DOUGLAS AVE	805 DOUGLAS AVE
SUITE 161	SUITE 161
ALTAMONTE SPRINGS FL 32714	ALTAMONTE SPRINGS FL 32714
US	US
2. Principal Place of Business	**3. Mailing Address**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2360952   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OTTO, BARBARA J. 805 DOUGLAS AVENUE SUITE 161 ALTAMONTE SPRINGS FL 32714	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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 PST NAME OTTO, BARBARA J. STREET ADDRESS 1141 SWEET HEATHER LANE CITY-ST-ZIP APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE VD NAME OTTO, BARBARA J. STREET ADDRESS 1141 SWEET HEATHER LANE CITY-ST-ZIP APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ 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: Barbara J. Otto = BARBARA OTTO   4-10-03   407-788-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)