

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36460

1. Entity Name

FINANCIAL PLANNING ASSOCIATES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90211 050 ***150.00

Principal Place of Business

Mailing Address

10770 S. E. FEDERAL HWY.
HOBE SOUND FL 33455

10770 S. E. FEDERAL HWY.
HOBE SOUND FL 33455-4922

2. Principal Place of Business

10762 SE FEDERAL HWY.
Suite, Apt. #, etc.

3. Mailing Address

10762 SE FEDERAL HWY.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOBE SOUND, FL

City & State

HOBE SOUND FL

4. FEI Number

59-2482693

Applied For

Not Applicable

Zip

33455

Country

USA

Zip

33455

Country

USA

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

ZOOK-VEGA, ANN RUTH
5916 EAGLES NEST DR.
JUPITER FL 33458

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
STD
ZOOK-VEGA, RUTH ANN
5916 EAGLES NEST DR.
JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH ANN ZOOK-VEGA

Date

4/10/00

Daytime Phone #

(561) 546-5555

CR2E034 (9/99)