

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36460

1. Entity Name  
FINANCIAL PLANNING ASSOCIATES, INC.Principal Place of Business  
10762 SE FEDERAL HWY  
HOBE SOUND FL 33455Mailing Address  
10762 SE FEDERAL HWY

HOBE SOUND FL 33455

2. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2482693

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 STD  
NAME ZOOK-VEGA, RUTH ANN  
STREET ADDRESS 5916 EAGLES NEST DR.  
CITY-ST-ZIP JUPITER FL 33458 DeleteTITLE PTD  
NAME ZOOK-VEGA, RUTH ANN  
STREET ADDRESS 5916 EAGLES NEST DR.  
CITY-ST-ZIP JUPITER, FL 33458 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE VSD  
NAME FANELLI, MARK P.  
STREET ADDRESS 1118 FORK RD  
CITY-ST-ZIP STUART, FL 34994 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
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.

S. Ruth Vega

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (772) 546 5555

Date

Daytime Phone #

CR2E034 (9/01)

0268751

AV