

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90016 001 \*\*\*150.00

00002400



DO NOT WRITE IN THIS SPACE

**DOCUMENT # J55771**

1. Entity Name  
**CENTER FOR FINANCIAL PLANNING, INC.**

Principal Place of Business <b>4400 E HWY 20 312 NICEVILLE FL 32578 US</b>	Mailing Address <b>4400 E HWY 20 312 NICEVILLE FL 32578 US</b>
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2. Principal Place of Business <b>4502 HIGHWAY 20 E. Suite, Apt. #, etc. SUITE B City &amp; State NICEVILLE, FL Zip 32578 Country USA</b>	3. Mailing Address <b>4502 HIGHWAY 20 E. Suite, Apt. #, etc. SUITE B City &amp; State NICEVILLE, FL Zip 32578 Country USA</b>
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4. FEI Number <b>59-2762931</b>	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

**CARUCCI, MICHAEL J. (PRESIDENT)  
4400 E HWY 20  
312  
NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

Name  
**MICHAEL J. CARUCCI**  
Street Address (P.O. Box Number is Not Acceptable)  
**4502 HIGHWAY 20 E, SUITE B**  
City  
**NICEVILLE** FL Zip Code  
**32578**

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 *Michael J. Carucci* DATE 1/4/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CARUCCI, MICHAEL J. 269 OLDE POST ROAD NICEVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Michael J. Carucci* DATE 1/4/01 DAYTIME PHONE # (850) 897-0677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)