

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005256

1. Entity Name
PROFESSIONAL PLANNERS, LLC

Principal Place of Business
636 US HWY ONE
SUITE 205
NORTH PALM BEACH FL 33408

Mailing Address
636 US HWY ONE
SUITE 205
NORTH PALM BEACH FL 33408

FILED

01 FEB 12 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1005741

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMPERT, ANTHONY E
636 US HWY ONE
SUITE 205
NORTH PALM BEACH FL 33408

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CLU
ARNOLD L. LAMPERT, CLU
636 U.S. HWY. ONE, SUITE 205
NORTH PALM BEACH, FL 33408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Anthony E. Lampert
636 U.S. Highway One, Suite 205
North Palm Beach, FL 33408

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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-16-01

Date

Daytime Phone #