

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-17-2002 90024 034 ****50.00

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DOCUMENT # L00000005257

1. Entity Name

PROFESSIONAL PLANNERS MARKETING GROUP, LLC

Principal Place of Business

Mailing Address

636 US HWY ONE
 SUITE 205
 NORTH PALM BEACH FL 33408

636 US HWY ONE
 SUITE 205
 NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

P.O. Box 14457

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Palm Beach, FL

4. FEI Number

65-1005744

Applied For

Not Applicable

Zip

Country

Zip

Country

33408-0457

USA

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRUSIOLENT
LAMPERT, ANTHONY E
636 U.S. HWY ONE, SUITE 205
NORTH PALM BEACH FL 33408

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MANAGER
ALLIANZ LIFE Insurance
5701 Golden Hills Drive
Minneapolis, MN 55416

☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.1.2002

561-845-1997

Date

Daytime Phone #

CR2E083 (9/01)