

4/7

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90047 017 \*\*\*158.75

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L03133**

1. Entity Name,  
**FLORIDA PLANNING GROUP, INC.**

Principal Place of Business

13500 SUTTON PARK DR. S  
 SUITE 401  
 JACKSONVILLE FL 32224-5291  
 US

Mailing Address

13500 SUTTON PARK DR. S  
 SUITE 401  
 JACKSONVILLE FL 32224-5291  
 US

60004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2961360**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN BRINTON & SIMMONS PA**  
**3220 INDEPENDENT SQUARE**  
**JACKSONVILLE FL 32202-2028**

Name **William D. Brinton, Esq.**Street Address (P.O. Box Number is Not Acceptable)  
**Rogers, Towers, Bailey, Jones & Gay**

1301 Riverplace Blvd., Suite 1500

City **Jacksonville**

FL

Zip Code **32207**

*same agent  
 just new firm  
 address*

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 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

**D**  
**WRIGHT, ELAINE S.**  
**8025 BAYMEADOWS CIR APT 308**  
**JACKSONVILLE FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**KELLY, STEPHEN J.**  
**1625 N BEACH AVE**  
**ATLANTIC BEACH FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**ENGH, EDITH V.**  
**2715 AVE "A"**  
**NEWPORTVILLE PA**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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)(l), 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 employees.

SIGNATURE:

Elaine S. Wright

3/28/02

904-821-8281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)