

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90077 035 \*\*\*158.75

**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**

2. Principal Place of Business

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2961360**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALLEN BRINTON & SIMMONS, P.A.  
3220 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202-2026**

7. Name and Address of New Registered Agent

Name **Elaine S. Wright**  
Street Address (P.O. Box Number is Not Acceptable)  
**13500 Sutton Park Drive South  
Suite 401  
City Jacksonville FL Zip Code 32224**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elaine S. Wright*

(NOTE: Registered Agent signature required when reinstating)

DATE **5/7/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                                                |                                                                                    |                                 |
|------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WRIGHT, ELAINE S.<br/>8025 BAYMEADOWS CIR APT 306<br/>JACKSONVILLE FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KELLY, STEPHEN J.<br/>1625 N BEACH AVE<br/>ATLANTIC BEACH FL</b>          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ENGH, EDITH V.<br/>2715 AVE "A"<br/>NEWPORTVILLE PA</b>                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                              |                                                                              |
|------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>3539 Sanctuary Blvd.<br/>Jacksonville Beach, FL 32250</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>1886 FOSS LAKE<br/>Jacksonville Beach, FL 32250</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Elaine S. Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03 904-821-8281**  
Date Daytime Phone #

CR2E034 (10/02)