

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20789

1. Entity Name

PLANNING DYNAMICS INC.

Principal Place of Business

3024 MAYWOOD CT.
THE VILLAGES FL 32159-7577
US

Mailing Address

3024 MAYWOOD CT.
THE VILLAGES FL 32159-7577
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MENDELOW, SAMUEL
110 MEADOW BROOKE LANE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name MENDELOW, SAMUEL
Street Address (P.O. Box Number is Not Acceptable)
3024 MAYWOOD COURT
City THE VILLAGES FL Zip Code 32159-7577

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

Samuel Mendelow President SAMUEL MENDELOW
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, 2001 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

TITLE DP ☐ Delete
NAME MENDELOW, SAMUEL
STREET ADDRESS 10 MEADOW BROOKE LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DS ☐ Delete
NAME ALPERT, BERYL
STREET ADDRESS 10 MEADOW BROOKE LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3024 MAYWOOD COURT
CITY-ST-ZIP THE VILLAGES, FL 32159-7577

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3024 MAYWOOD COURT
CITY-ST-ZIP THE VILLAGES FL 32159-7577

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: SAMUEL MENDELOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90173 047 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)