

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-24-2002 90382 019 ***150.00

DOCUMENT # L 20789

1. Entity Name

PLANNING DYNAMICS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17474 S.E. 84TH FOXGROVE AVE.

3. Mailing Address

17474 S.E. 84TH FOXGROVE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

THE VILLAGES, FL

City & State

THE VILLAGES, FL

Zip

32162

Country

U.S.A.

Zip

32162

Country

U.S.A.

4. FEI Number

65-0149786

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SAM MENDELLOW

Street Address (P.O. Box Number is Not Acceptable)

17474 S.E. 84TH FOXGROVE AVE

City

THE VILLAGES

FL

Zip Code

32162

**DO NOT WRITE
IN THIS SPACE**

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

SAM MENDELLOW, PRESIDENT Sam Mendelow President

4/18/02

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)



**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 SECRETARY TREASURER (S+T)
NAME BERYL ALPERT
STREET ADDRESS 17474 S.E. 84TH FOXGROVE AVE.
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT
NAME SAM MENDELLOW
STREET ADDRESS 17474 S.E. 84TH FOXGROVE AVE.
CITY-ST-ZIP THE VILLAGES, FL 32162

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SAM MENDELLOW, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

(352) 259-3617

Daytime Phone #