

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L41374

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

**Entity Name:** PLANNING RESEARCH ASSOCIATES, INC.

**Current Principal Place of Business:**

357 OAK LEAF CIR  
SUITE 303  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

357 OAK LEAF CIR  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**FEI Number:** 59-3067255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIMMS, THOMAS  
357 OAK LEAF CIR  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** BROOKS, THOMAS,  
**Address:** 3215 GLENDMEADOW TERR.  
**City-St-Zip:** DELTONA, FL

**Title:** DT ( ) Delete  
**Name:** GRIMMS, THOMAS,  
**Address:** 357 OAK LEAF CIR  
**City-St-Zip:** LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** THOMAS J. GRIMMS, AICP

DT

04/26/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date