

DOCUMENT # L58613

1. Entity Name

RETIREMENT PLAN PROFESSIONALS, INC.

Principal Place of Business

1570 MADRUGA AVE., #400
CORAL GABLES FL 33146

Mailing Address

1570 MADRUGA AVE., #400
CORAL GABLES FL 33146-3014

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

INGHAM, KENNETH G.
1570 MADRUGA AVE.
4TH FLOOR
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
INGHAM, KENNETH G.
1570 MADRUGA AVE. 4TH FL
CORAL GABLES FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
INGHAM, LINDA
1570 MADRUGA AVE. 4TH FL
CORAL GABLES FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ANDERTON, GEORGE E.
1570 MADRUGA AVE. 4TH FL
CORAL GABLES FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
EICHBERG, MARK J
1570 MADRUGA AVE STE 400
CORAL GABLES FL 33146 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KUHLEN, JOHN H
1570 MADRUGA AVE. 4TH FLOOR
CORAL GABLES FL 33134 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

03-22-2000 90196 001 ***600.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0180403

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

CR2E034 (9/99)