

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M89783

1. Entity Name

CREATIVE PLANNING GROUP, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90005 042 ***150.00

Principal Place of Business

Mailing Address

~~814 LIVINGSTON CT.~~
TALLAHASSEE FL 32303

~~814 LIVINGSTON CT.~~
TALLAHASSEE FL 32303

1204 Firethorne Lane
Tallahassee, FL 32303

2. Principal Place of Business

1204 Firethorne Lane

3. Mailing Address

1204 Firethorne Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

U.S.

Zip

32303

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2938125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, ROBERT S.
306 N. MONROE ST.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Denise Winchester

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

1204 Firethorne Lane

City Tallahassee

FL

Zip Code

32303

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]
Signature, typed or printed name of registered agent and title, if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE

4/03/01

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 P
NAME WINCHESTER, DANIEL R
STREET ADDRESS 814 LIVINGSTON COURT
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/01

850-562-6903

Date

Daytime Phone #

CR2E034 (10/00)

0028137