

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000009107

1. Entity Name

UNIVERSAL FINANCIAL PLANNING, INC.



Principal Place of Business

9977 CHESHAM DR
ORLANDO, FL 32817

Mailing Address

9977 CHESHAM DR
ORLANDO, FL 32817

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90480 017 ***150.00



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3619869

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAYONA, TERESA
310 1/2 S BUMBY AVE
ORLANDO, FL 32803

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANIFF, SHAMIN 9977 CHESHAM DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANIFF, RUTH 9977 CHESHAM DR ORLANDO, FL 32817
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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 #

Shamin Haniff

4-22-04

407-671-7224