2001 UNIFORM BUSINESS REPORT (UBR)

4/30.

FILED
May 18, 2001 8:00 am
Secretary of State
04-30-2001 90103 022 ***150.00

DOCUMENT # P00000042573

1. Entity Name
FLORIDA RETIREMENT SPECIALISTS, INC.

Principal Place of Business	Mailing Address
2317 CLARE DRIVE TALLAHASSEE FL 32308	2317 CLARE DRIVE TALLAHASSEE FL 32308

44650

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1114 THOMASVILLE RD	1114 THOMASVILLE RD
Suite, Apt. #, etc. F	Suite, Apt. #, etc. F
City & State TALLAHASSEE, FLORIDA	City & State TALLAHASSEE, FLORIDA
Zip 32303 Country	Zip 32303 Country

4. FEI Number 59-3641069 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SATTAR, AKHTAR Z
2317 CLARE DRIVE
TALLAHASSEE FL 32308

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AKHTAR Z. SATTAR 1114 THOMASVILLE RD, SUITE F TALLAHASSEE, FL 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 #