

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0609171 AV

DOCUMENT # P00000053032

1. Entity Name
RETIREMENT SPECIALISTS INCORPORATED



FILED

04 MAY -7 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 1097
PALM CITY FL 34991

Mailing Address
P.O. BOX 1097
PALM CITY FL 34991



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES 04

City & State

4. FEI Number 65-1003423

Applied For
 Not Applicable

Zip **Country**

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

6. Name and Address of Current Registered Agent

MADDEN, JOHN W ESQ
759 S. FEDERAL HWY., STE. 212
STUART FL 34994

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME DUNLAP, ROBERT R
STREET ADDRESS P.O. BOX 1097
CITY-ST-ZIP PALM CITY FL 34991

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME BROWN, MATHEW
STREET ADDRESS P.O. BOX 1097
CITY-ST-ZIP PALM CITY FL 34991

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400036521424

05/17/04--01071--004 **150.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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

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 # _____

CR2E034 (10/02)