

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90192 015 ***150.00

DOCUMENT # P00000063367

1. Entity Name

PLANNING PARTNERSHIPS, INC.

Principal Place of Business

10221 RIVERS TRAIL DRIVE
ORLANDO FL 32817

Mailing Address

10221 RIVERS TRAIL DRIVE
ORLANDO FL 32817

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

10221 RIVERS TRAIL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL USA

City & State

Orlando FL USA

Zip

32817

Country

USA

Zip

32817

Country

USA

4. FEI Number

59-3656737

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEETZ, TODD T
10221 RIVERS TRAIL DRIVE
ORLANDO FL 32817

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] President

4/13/01

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.

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\$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	<input type="checkbox"/> Delete
PEETZ, TODD T 10221 RIVERS TRAIL DRIVE ORLANDO FL 32817	
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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 an other like empowered.

SIGNATURE:

[Signature] President

4/13/01 (407) 249-1503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)