

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90468 005 ***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

10221 RIVERS TRAIL DR.

3. Mailing Address

10221 RIVERS TRAIL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

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**

8. Name and Address of Current Registered Agent

PEETZ, TODD T

10221 RIVERS TRAIL DRIVE

ORLANDO FL 32817

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, 2002 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 **D** ☐ Delete
 NAME **PEETZ, TODD T**
 STREET ADDRESS **10221 RIVERS TRAIL DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Tom Myers**
 STREET ADDRESS **10221 RIVERS TRAIL DRIVE**
 CITY-ST-ZIP **Orlando FL 32817**

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

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

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/01/02 407-249-1503

CR2E034 (9/01)