

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90325 041 ***150.00

DOCUMENT # P00000066474

1. Entity Name

PHOENIX FINANCIAL PLANNERS, INC.

Principal Place of Business

**7406 FULLERTON STREET
 SUITE 104
 JACKSONVILLE FL 32256**

Mailing Address

**7406 FULLERTON STREET
 SUITE 104
 JACKSONVILLE FL 32256**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3656785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BARKER, EARL M JR.
 SLOTT & BARKER
 334 E. DUVAL STREET
 JACKSONVILLE FL 32202-2718**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

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 the filer, cable

(NOTE: Registered Agent's signature required when re-statuting)

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

TITLE	President, Director ☐ Delete
NAME	R. Lamar Wheeler, Jr.
STREET ADDRESS	7406 Fullerton Street, Ste 104
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	Director, Vice President, Secretary ☐ Delete
NAME	Judith F. Wheeler
STREET ADDRESS	7406 Fullerton Street, Suite 104
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	Director, Vice President ☐ Delete
NAME	Roberta C. Simms
STREET ADDRESS	7406 Fullerton Street, Suite 104
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 19.07(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:

R. Lamar Wheeler, Jr.

R. Lamar Wheeler, Jr.

4/18/01

(904) 363-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)