9/10/01-90053-024-$600.00-$600.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113821

1. Entity Name
NATIONAL NETWORK OF ESTATE PLANNING ADVISORS, IN

FILED
01 NOV 21 PM 6:08
H00064325 SECRETARY OF STATE
FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business (A)
~~1030 NORTH ORANGE AVENUE~~
~~SUITE 102~~
~~ORLANDO FL 32802~~
P.O. Box 2006
ORLANDO, FL. 32802

Mailing Address
~~1030 NORTH ORANGE AVENUE~~
~~SUITE 102~~
~~ORLANDO FL 32802~~

2. Principal Place of Business: 603 Hillcrest St
Suite, Apt. #, etc.
City & State: Orlando Fl
Zip: 32801 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SPENCER, THOMAS
~~1030 NORTH ORANGE AVENUE~~ ~~P.O. BOX 2006~~
~~SUITE 102~~ ~~ORLANDO, FL. 32802~~
~~ORLANDO FL 32802~~ (A)

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 603 Hillcrest St
City Orlando FL Zip Code 32801

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 $550.00
After September 12, 2001 Fee will be $750.00
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	D SPENCER, THOMAS 1030 NORTH ORANGE AVENUE, SUITE 102 ORLANDO FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME 603 Hillcrest St (A) Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/01)

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] REQUIRED 9/4/01 407-650-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(A) 603 HILLCREST ST.
ORLANDO, FL. 32801