FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91527 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # [redacted] P01000(

1. Entity Name
YOUR FINANCIAL PLANNER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
200-2ND AVE, SOUTH		200-2ND AVE, SOUTH	
Suite, Apt. #, etc. SUITE 140		Suite, Apt. #, etc. SUITE 140	
City & State ST. PETERSBURG		City & State ST. PETERSBURG	
Zip 33701	Country PINELLAS	Zip 33701	Country PINELLAS

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0575022 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name DAVID B. SINCLAIR
Street Address (P.O. Box Number is Not Acceptable)
200-2ND AVE, SOUTH, SUITE 140
City ST. PETERSBURG **FL** Zip Code 33701

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 David B. Sinclair - President 4/22/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	DAVID B. SINCLAIR	NAME	
STREET ADDRESS	200-2ND AVE, SOUTH, SUITE 140	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David B. Sinclair - President 4/22/02 (727)892-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #