

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90124 008 ***150.00

DOCUMENT # FD1 0000055810 ✓

1. Entity Name

TRADITIONAL PLANNING CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1111 W. STETSON ST.

Suite, Apt. #, etc.

3. Mailing Address

1111 W. STETSON ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

59-3698352

Applied For

Not Applicable

Zip

32804

Country

U.S.A.

Zip

32804

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER T. BOWLEY, ACP

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

1111 W. STETSON ST.

City

ORLANDO

FL

Zip Code

32804

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

Christopher T. Bowley

CHRISTOPHER T. BOWLEY

4.25.02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
TANYA DONG-BOWLEY
1111 W. STETSON ST.
ORLANDO, FLORIDA 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
CHRISTOPHER T. BOWLEY, ACP
1111 W. STETSON ST.
ORLANDO, FLORIDA 32804

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Christopher T. Bowley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER T. BOWLEY

Date

4.25.02

Daytime Phone #

CR2E034B (12/01)