

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

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

DOCUMENT # **P010000 83959**

1. Entity Name

**PLANNED FUTURES INSURANCE
BROKERAGE INC.**

07-18-2002 90139 001 *****8.75

07-18-2002 90139 002 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 NORTH US 1

Suite, Apt. #, etc.

3. Mailing Address

901 NORTH US 1

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

City & State

FORT PIERCE FL

Zip

34950

Country

ST. LUCIA

Zip

34950

Country

ST. LUCIA

4. FEI Number

04-3445843

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

TIM ALLEN

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

901 NORTH US #1

City

FORT PIERCE FL

Zip Code

34950

**DO NOT WRITE
IN THIS SPACE**

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)

☒

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 **PRES**
NAME **P**
STREET ADDRESS **FRANCIS R. BADALATO**
CITY-ST-ZIP **901 NTH US #1, FP, FL 34950**

TITLE **SEC**
NAME **S**
STREET ADDRESS **TIM ALLEN**
CITY-ST-ZIP **28 MCD BLD W**
PSC 1, FL 34952

TITLE
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CITY-ST-ZIP

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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: **Tim Allen** **TIM ALLEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/02

Date

772-460
2768

Daytime Phone #

CR2E034B (12/01)

P F I B I / ^{Attachment} DBA ALLEN'S DINER

ATLGA / 7/12/02

DEAR SIRS.

#PO1000083950

AS per my phone conv. with

your office ENCLOSED IS A

check for ~~150~~ 150^{00/00}.

PLEASE be advised that
to our knowledge we did NOT
receive any prior reminder
notice that this form was
due. OF course this is our

1st yr. IN BUSINESS and did

NOT realize it needed to be
filed at this time. THANK
you for your help.

Trini Miller