2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000118367

DOCUMENT#



FILED Feb 14, 2003 8:00 am Secretary of State

S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent HAYNES, WILLIAM S 9705 PLEASANT RUN WAY TAMPA FL 33647 City FL 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. I am jamillar with, and acceptable) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE PHYNES, WILLIAM S 9705 PLEASANT RUN WAY TAMPA FL 33647 TITLE Delete ITILE NAME SIREFT ADDRESS CITY ST-2PP TITLE Delete TITLE NAME SIREFT ADDRESS CITY ST-2PP TITLE NAME SIREFT ADDRESS CITY ST-2PP TITLE Delete TITLE NAME SIREFT ADDRESS CITY ST-2PP TITLE NAME SIREFT ADDRESS CITY ST-2PP TITLE Delete Delete TITLE NAME SIREFT ADDRESS CITY ST-2PP TITLE Delete TITLE NAME SIREFT ADDRESS CITY ST-2PP TITLE Delete TITLE NAME SIREFT ADDRESS CITY ST-2PP TITLE DELET TITLE DEL	1. Entity Name NEW TAMPA FINANCIAL PLANNING, INC.					02-14-2003 90224 0	42 ***150	0.00	
2. Principal Place of Business Suite, Apt. #, etc. Greek #SRE IF MAKING CHANGES Suite, Apt. #, etc. Greek #SRE IF MAKING CHANGES Suite, Apt. #, etc. Greek #SRE IF MAKING CHANGES City & State Country Zip Country S. Certificate of Status Desired S8,75 Additional Fore Required Agent Name and Address of Current Registered Agent Name Name Section Address of New Registered Agent Name Name Name Section Address of New Registered Agent Name Na	9705 PLEASANT RUN WAY		PO BOX 48917						
City & State City & State Cuntry Zip Country S. Certificate of Status Desired \$8.75 And Epic Fee Required	2. Principal Pla	ce of Business	3. Mailing Address			1008/4.001 334 apint tiett norte apiec apinc tient		\$1111 1881 1881	
City & State City & State City & State City & State Country Z.p Country 5. Certificate of Status Desired \$8.75 Additional \$8.75	Suite, Apt. #, etc.		Suite, Apt. #, etc.						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYNES, WILLIAM S 9705 PLEASANT RUN WAY TAMPA FL 33847 City City FL Zip Code 2. The above named entry submits this statement for the purpose of charding its registered office or registered agent, or both, in the State of Florida. I am jornillar with, and act the obligations of registered agent ag	City & State		City & State		4. F	01-0507002	No	ot Applicable	
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HAYNES, WILLIAM S 9705 PLEASANT RUN WAY TAMPA FL 33647 City City FL 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. I am jumiliar with, and acceptable of registering of registering of registering agent. SICINATURE Spritture, types or Entition and Forme latered agent and took appropriate agent, or both, in the State of Florida. I am jumiliar with, and and appropriate agent, or both, in the State of Florida. I am jumiliar with, and and the obligations of registered agent, or both, in the State of Florida. I am jumiliar with, and and the obligations of registered agent, or both, in the State of Florida. I am jumiliar with, and and appropriate agent, or both, in the State of Florida. I am jumiliar with, and and appropriate agent, or both, in the State of Florida. I am jumiliar with, and and appropriate agent, or both, in the State of Florida. SICINATURE SICINATURE P		6. Name and Address of Current	Registered Agent	NI	7. N	ame and Address of New Registered	Agent		
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am lamiliar with, and accidence of the obligations of registering agent. SIGNATURE SIGNATURE FILE NOW!! FEE: IS \$150.00 After May 1, 2003 Fe's will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTLE HAYNES, WILLIAM S SIRET ADDRESS OITY-ST-2P OITY-ST-2P OITY-ST-2P OITY-ST-2P TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-2P TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-2P TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-2P TITLE Delete TIT				Name			·. 		
B. 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. I am jamiliar with, and accept the obligations of registered agent and provide a service agent. SIGNATURE Signature hoods or funded neared registered expert agent	HAYNES, WILLIAM S			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
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. I am jamiliar with, and accept the purpose of registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of changing is registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of changing is registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of registered agent, or both, in the State of Florida. I am jamiliar with, and accept the purpose of registered agent, or registered	9705 PLE/		<u> </u>						
8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am jamiliar with, and act the obligations of registered agent agent. SIGNATURE Signature, types of formed registered agent a	TAMPA FL 33647								
SIGNATURE Signature, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			NA	1 '			•		
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	the obligation signature _	ons of registered agent. Signature, typed or printed name of registered agen LE NOW!!! FEE IS \$150.00	Scott Hayn	es President	F	9. Election Campaign Financing	<u>03</u> \$5.0	00 May Be	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Make Check	Payable to Florida Department	of State						
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STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition