

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90944 028 \*\*\*150.00

DOCUMENT # P02000088649

1. Entity Name

PLANNED CONCEPTS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1936 PORTLAND AVE.

3. Mailing Address  
P.O. BOX 180057

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TALLAHASSEE, FL.

City & State  
TALLAHASSEE, FL.

4. FEI Number  
04-3708077

Applied For  
Not Applicable

Zip  
32303

Country  
LEON

Zip  
32318

Country  
LEON

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
RICKEY FITZGERALD

Street Address (P.O. Box Number is Not Acceptable)  
1936 PORTLAND AVE.

City  
TALLAHASSEE, FL. Zip Code  
32303

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
RICKEY FITZGERALD  
1936 PORTLAND AVE.  
TALLAHASSEE, FL. 32303

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rickey Fitzgerald Rickey Fitzgerald 4/9/03 (850) 443-6513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)