2000 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2000 8:00 am Secretary of State DOCUMENT # **P93000002415** 03-28-2000 90089 050 ***150.00 RETIREMENT PLAN ADMINISTRATORS, INC. Principal Place of Business Mailing Address 806 HIDDEN HARBOUR DRIVE **806 HIDDEN HARBOUR DRIVE** 630601 INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785-3719 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3156036 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FORNARO, JOHN J Street Address (P.O. Box Number is Not Acceptable) **806 HIDDEN HARBOUR DRIVE** INDIAN ROCKS BEACH FL 33785 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE Change FORNARO, JOHN J. NAME NAME STREET ADDRESS STREET ADDRESS 806 HIDDEN HARBOUR DR CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BCH FL TITLE Change Addition ☐ Delete NAME FORNARO, ANGELA NAME STREET ADDRESS STREET ADDRESS 806 HIDDEN HARBOUR DR CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BCH FL ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

GNATURE: SIGNATURE AND STEED NAME OF SIGNING OFFICER OR DIRECTOR DRES Date Dayling Phone #