

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

UNIFORM
AV

DOCUMENT # **P93000002415**



1. Entity Name
RETIREMENT PLAN ADMINISTRATORS, INC.

04-02-2003 90382 011 ***150.00

Principal Place of Business
**806 HIDDEN HARBOUR DRIVE
INDIAN ROCKS BEACH FL 33785
US**

Mailing Address
**806 HIDDEN HARBOUR DRIVE
INDIAN ROCKS BEACH FL 33785
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3156036**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORNARO, JOHN J
806 HIDDEN HARBOUR DRIVE
INDIAN ROCKS BEACH FL 33785**

Name

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

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 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	FORNARO, JOHN J.	
STREET ADDRESS	806 HIDDEN HARBOUR DR	
CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	FORNARO, ANGELA	
STREET ADDRESS	806 HIDDEN HARBOUR DR	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNARO, ANGELA	
STREET ADDRESS	806 HIDDEN HARBOUR DR.	
CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORNARO, ANGELA JUNE	
STREET ADDRESS	806 HIDDEN HARBOUR DR.	
CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *ANGELA FORNARO* **ANGELA FORNARO** 1-24-03 727 585 5869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)