2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000051143 DOCUMENT

1. Entity Name

FINANCIAL PLANNERS INC.



FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90763 006 ***150.00

Pince page of Business AS Martina Page 1		•	V					
Suite, Apt. #, etc. Cuy & State Country 32013 Country 32013 Suite, FL 32013 Suite, Apt. #, etc. Country 32013 Suite, FL 32013 Suite, Apt. #, etc. Country 3201	1881 HERCUL #1562 CLEARWATER	ES AVE NE 120 Paranza R FL 33765 128 Matanza	188) HERCULES AVE NE 1508	8 matanzas DeBary, FL3	257/3	1814 - 8 844 88 38 8384 3484 3484		
Sulle, Apt. #, otc. CHECK HERE IF MAKING CHANGES	2. Principal F	ace of Business	3. Mailing Address		-	#### #################################		
City & State City & State City & State City & State Country 20 Country 32 32 33 Country 33 S. Cartificate of Status Desired Fee Required			128 Mata	nzas Rd.	_			
Section Sect	Sulle, Apt.	. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE	IF MAKING CHANGES		
S. Certificate of Status Desired Fee Required F	DeBary, FL 32913 DeBary, FL			32713	4. FEI Number 59-326714	K		
VAN ALAN, DRENA 2085 SLINSET PT. RB. SUITE 1602 C CLEARWATER FL 33765 The above named onlity submits this statement for the purpose of changing its registered diffice or registered dignt, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee 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 III.E NAME VAN ALEN, D 2005 SUNDET PT. RD. \$1502 CPT-ST-2P TILE NAME SIRET ADDRESS CITY-ST-2P	32713	LUSA	32713	USA		Fee Require		
2095 SLINSET PT-RD. GUTE 1502 GLEARWATER FL 33765 A. The above named entity submits this statement for the purpose of changing its registered office or registered sigent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee 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 INTE. NAME SIREET ADDRESS CITY-ST-2P TITLE SIREET		U. Name and Address of Current	nogisioieu Ageili	Naryre A	7. Name and Address of New	negistered Agent		
CITY - 150 CODE COLEARMATER FL 33765 CITY - BOSTY FL 30 Code 3 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	van alai	n, drena		Street Address		(a)		
CITY ST 2P COLEARWATER FL 33765 A. The above named entity submits this statement for the purpose of changing its registered office or registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE PLEUS Signature, proport or primar name of registered agent and title if application. (NOTE: Registered Agent argunature required when reneating) PLE NOW!! FEE IS \$150.00 After May 1, 2003 Fee 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 ITILE NAME SIREET ADDRESS CITY-ST-2P TITLE CITY-ST-2P				128	natonzas A	.d		
P. The above named entity submits this statement for the purpose of changing its registered diffice or registered digent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatur								
SIGNATURE Superior	* GLEARWA	HER FE 33785		The Ro	ris Fl	FL Zip Cod	e i	
SIGNATURE	The above	named entity submits this statement for	r the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of F	lorida. I am familiar with,	and accept	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee 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 IIILE NAME VAN ALEN, D 2095 SUNSET PTT: RD. \$1502 CLEARWATER FL 33765* De Bory, FL 3 21/3 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	■ the obligate The oblig	tions of registered agent.	^					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signatura broad or printed pame of registered agent of	Cler	Boolstored Aport signature require	4-	<u>·27 ~O3</u>		
After May 1, 2003 Fee 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 TITLE NAME VAN ALEN, D 2095 SUNSET PT: RD. #1502 CLEARWATER PL 33765* De Bory, FL 3 2713 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			ind the ii applicable. (NOTE, i	negistered Agent signature require	d when reinstating)			}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Afte	r May 1, 2003 Fee will be \$550.00	State		, ,	~ 		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	· · · · · · · · · · · · · · · · · · ·		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS	5 IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 ⁻	☐ Delete			☐ Change	☐ Addition	2/02
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			28 Matonzarld					٦
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	CLEARWATER FL 33785 De	BOTH, FL 32713	CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE Delete			Delete			☐ Change	Addition	CR2
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP				1				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	~	· way . win.				•		
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete	TITLE		☐ Change	Addition	ii.
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP								i
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHarge Addition Charge Addition Charge Charge Addition								ii.
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		□ Delete			☐ Charige	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP				NAME				
There is the control of the control			□ Doloto			Change	☐ Addition	
NAME NAME	NAME		C Delete			☐ cuange	☐ Addition	
	STREET ADDRESS							
	CITY-ST-ZIP			4				
	TITLE NAME		☐ Delete			Change	☐ Addition	
	STREET ADDRESS						Į.	
	CITY-ST-ZIP						l	
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.	of the cor	on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my wered to execute this report as	signature shall have the	same legal effect as it made under	nath: that I am an officer.	or director	

SIGNATURE:

4/2)/03 386-68-6936