

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0096957 AV

**DOCUMENT # P94000054382**

1. Entity Name  
**PLAN C OF NORTHWEST FLORIDA, INC.**

03-31-2002 90367 004 \*\*\*150.00

Principal Place of Business  
**8137 NAVARRE PKWY**  
**DEVINCI'S ITALIAN STE D**  
**NAVARRE FL 32566**

Mailing Address  
**8144 RALEIGH ST.**  
**NAVARRE FL 32566**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **87-0001307** Applied For  
~~85-325-6004~~ ~~59-325-6004~~ Not Applicable

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

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

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

**SCHAEFFER, RONALD**  
**8144 RALIGH ST**  
**GULF BREEZE FL 32566**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PVT</b>	<input type="checkbox"/> Delete
NAME	<b>SCHAEFFER, RONALD</b>	
STREET ADDRESS	<b>8144 RALEIGH ST.</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**SIGNATURE:** *Ronald Schaeffer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-2002** **850 935-6956**  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment #  
P94000054382

Ronald Schaeffer  
8137 Natarre Pkwy  
Natarre  
Florida  
32566  
3.19.02

353097

Division of Corporations  
~~Uniform Business Report Filings~~  
P.O. Box 1500  
Tallahassee  
FL. 32302-1500

Dear Sir/Madam.

I would like to draw your attention to the FEI number on the attached correspondence. The correct FEI number is 59-325-6004 and is not 67 000 1307 as shown. The 67 000 1307 number is the sole proprietor number I used prior to becoming a corporation. Therefore please ensure the correct number, 59-325-6004, is shown on all future correspondence. I did alert you regarding this matter last year, however it is still showing incorrect.

Regards

Ron Schaeffer