

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022918

1. Entity Name

ESTATE PLANNING SPECIALISTS (EPS), INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90151 011 ***150.00

Principal Place of Business

5665 TRAILWINDS DR #626
FT MYERS FL 33907

Mailing Address

5665 TRAILWINDS DR #626
FT MYERS FL 33907-8368

2. Principal Place of Business

2227 TREEHAVEN CIRCLE

3. Mailing Address

2227 TREEHAVEN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33907

Country

LEE

Zip

33907

Country

LEE

4. FEI Number

65-0570316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, PATRICK B
5665 TRAILWINDS DR #626
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

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

2227 TREEHAVEN CIRCLE

City

FORT MYERS

FL

Zip Code

33907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROBINSON, PATRICK B
CITY-ST-ZIP 5665 TRAILWINDS DR #626 2227 TREEHAVEN CIRCLE
FT MYERS FL 33907

TITLE ☐ Delete
NAME D
STREET ADDRESS HECK, ROBERT
CITY-ST-ZIP 5700 TRAILWINDS DR #424 4289 MARINER WAY
FT MYERS FL 33907 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patrick B. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (941) 275-8024

Date

Daytime Phone #

CR2E034 (3/9/00)