

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90176 024 ***150.00

DOCUMENT # P96000016214

1. Entity Name

FINANCIAL PLANNING INTERNATIONAL (R)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4220 HARBOR LAKE DR
Suite, Apt. #, etc.

3. Mailing Address

4220 HARBOR LAKE DR
Suite, Apt. #, etc.

New Address

DO NOT WRITE IN THIS SPACE

City & State

LUTZ, FL

City & State

LUTZ, FL

4. FEI Number

650735683

Applied For

Not Applicable

Zip

33558

Country

USA

Zip

33558

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROBERT BOGDANOFF, ESQ

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

70 SE 4th AVE

City

DELRAY BEACH

FL

Zip Code

33483

**DO NOT WRITE
IN THIS SPACE**

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) ☒

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GLENN A. BURNS
4220 HARBOR LAKE DRIVE
LUTZ, FL 33558

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02 OB 205-9500

Date

Daytime Phone #

** New Address : Never Received RENEWAL (UBR)*

CR2E034B (12/01)