

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90206 018 \*\*\*150.00

**DOCUMENT # P96000085788**

1. Entity Name

**CERTIFIED ESTATE & TAX PLANNING SERVICES INC.**

Principal Place of Business

**4910 14TH ST WEST  
 STE 301  
 BRADENTON FL 34207  
 US**

Mailing Address

**4910 14TH ST WEST  
 301  
 BRADENTON FL 34207  
 US**

2. Principal Place of Business

**1800 2ND ST**

3. Mailing Address

**1800 2ND ST**

Suite, Apt. #, etc.

**850**

Suite, Apt. #, etc.

**850**

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

**34236**

Country

**SARASOTA**

Zip

**34236**

Country

**USA**

4. FEI Number

**65-0705078**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HIMMLER, KENNETH  
 4910 14TH ST WEST  
 STE 301  
 BRADENTON FL 34207**

7. Name and Address of New Registered Agent

Name: **KENNETH HIMMLER**

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

**1800 2ND ST STE 850**

City **SARASOTA**

FL

Zip Code **34236**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/9/02**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HIMMLER, KENNETH SR</b>	
STREET ADDRESS	<b>4910 14TH ST WEST STE 301</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HIMMLER, KENNETH SR</b>	
STREET ADDRESS	<b>4910 14TH ST WEST STE 301</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HIMMLER, KENNETH SR</b>	
STREET ADDRESS	<b>4910 14TH ST WEST STE 301</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNETH HIMMLER, SR</b>	
STREET ADDRESS	<b>1800 2ND ST STE 850</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNETH HIMMLER, SR</b>	
STREET ADDRESS	<b>1800 2ND ST STE 850</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNETH HIMMLER, SR</b>	
STREET ADDRESS	<b>1800 2ND ST STE 850</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	
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		

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/02**

Date

Daytime Phone #

**941-955-2986**

CR2E034 (9/01)