FILED

Jan 22, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

## P97000052075 DOCUMENT # **Secretary of State** 1. Entity Name 01-22-2002 90011 017 \*\*\*158.75 FIRST FINANCIAL PLANNERS, INC. Principal Place of Business Mailing Address 4050 S US HIGHWAY# 1 4050 S US HIGHWAY # 1 STE 303 STE 303 JUPITER FL 33477 JUPITER FL 33477 US LIS 2. Principal Place of Business 3. Mailing Address US HIGHWAY# DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 🔭 Applied For City & State 65-0551957 ממטל JUNO BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TCCARTI MCCARTHY, KEVIN 4050 S.US HIGHWAY #1 **STE 303** JUPITER FL 33447 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (10/6) Change ☐ Addition ☐ Delete TITLE PRESIDENT TITLE KEUIN MCCBATHY 13971 US HIGHWAY #1 NAME NAME KEVIN MCCARTHY STREET ADDRESS STREET ADDRESS 4050 SO. US HWY #1 SUITE 303 CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP JUND BEACH FL 3.34 Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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