

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90744 047 ***155.00

DOCUMENT # *P97000101788*

1. Entity Name

LTC Planning Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

75 E Indian town Rd. #506

Suite, Apt. #, etc.

#506

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jupiter FL

City & State

4. FEI Number

65-0807305

Applied For

Not Applicable

Zip

33477

Country

Palm Bch

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kevin Quinn

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

75 E. Indian town Rd #506

City

Jupiter

FL

Zip Code

33477

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kevin Quinn ? not needed.

4/15/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

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

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *Kevin Quinn*
STREET ADDRESS *75 E. Indian town Rd #506*
CITY-ST-ZIP *Jupiter FL 33477*

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Kevin Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 561-744-5464

Date

Daytime Phone #

CR2E034B (12/02)