

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P980000000055~~

1. Entity Name P98000003156

~~THE F S PLANNING GROUP INC.~~

FIVE STAR PROPERTIES REFERRAL INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90102 001 ***300.00

Principal Place of Business Mailing Address
1128 ROYAL PALM BEACH BLVD 1128 ROYAL PALM BEACH BLVD
SUITE 405 SUITE 405
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411-1607
US US

2. Principal Place of Business 3. Mailing Address
16396 77th LANE N Suite, Apt. #, etc.
Suite, Apt. #, etc.
SAME

City & State City & State
LOXAHATCHEE, FL 33470
Zip Country Zip Country

4. FEI Number 65-0809398 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GORDON, FRED - Name
16396 77TH LANE NO Street Address (P.O. Box Number is Not Acceptable)
LOXAHATCHEE FL 33470
City FL Zip Code

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 reinstalling) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORDON, FRED		NAME		
STREET ADDRESS	16396 77TH LANE NO		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Gordon* FRED GORDON PRES. 4-17-00 561 753 9099