2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90182 015 ***150.00

DOCUMENT # P98000017562

Entity Name
Certified Estate Planning of Daytona, Inc.

103169

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
220 Mason Ave Holly Hill, FL. 32117	1227 Bel Aire Dr. Daytona Beach, FL. 32118

2. Principal Place of Business	3. Mailing Address
220 Mason Ave	1227 Bel Aire Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holly Hill FL.	City & State: Daytona Beach FL.
Zip: 32117 Country: Volusia	Zip: 32118 Country: Volusia

4. FEI Number: 59-3507952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A. Michael Petker 1227 Bel Aire Dr Daytona Beach, FL. 32118	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: A. Michael Petker — A. Michael Petker — 4/26/00 — DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete President A. Michael Petker 1227 Bel Aire Dr. Daytona Beach, FL. 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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: A. Michael Petker — A. Michael Petker — 4/26/00 — President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Phone #