2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 8:00 am Secretary of State DOCUMENT # **P99000026792** 05-01-2000 90489 001 ***150 00 ERIC GUDGER FINANCIAL PLANNER, INC. Principal Place of Business Mailing Address 1333 NW 121ST AVENUE 1333 NW 121ST AVENUE PLANTATION FL 33323-2438 PLANTATION FL 33323 2. Principal Place of Business 3. Mailing Address P.O. Box Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0910448 Not Applicable \$8.75 Additional Country Zip Country 1 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURNER, OTHEL Street Address (P.O. Box Number is Not Acceptable) 5787 W SUNRISE BLVD. **PLANTATION FL 33313** Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE:NOW!!! FEE*IS \$150:00" -9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change **PVST** ☐ Delete TITLE TITLE GUDGER, ERIC NAME NAME Ę STREET ADDRESS 1333 NW 121ST AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete TITLE ☐ Change Addition TITLE GUDGER, ERIC NAME NAME STREET ADDRESS STREET ADDRESS 1333 NW 121ST AVENUE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33323 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME

STREET ADDRESS

CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 eath; 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered

FILED