

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90161 044 ***150.00

DOCUMENT # S57486

1. Entity Name
ESTATE AND RETIREMENT PLANNING, INC.



Principal Place of Business
2475 ENTERPRISE RD
STE. 300
CLEARWATER FL 34623
US

Mailing Address
2475 ENTERPRISE RD
STE 300
CLEARWATER FL 34623
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33763

Country

Zip
33763

Country

4. FEI Number **59-3067536**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB P.A.
2475 ENTERPRISE RD
STE. 300
CLEARWATER FL 34623

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
STE 100
City **FL** Zip Code **33763**

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
[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☒ Delete
NAME **EVANS, JAMES B.**
STREET ADDRESS **3243 SANDY RIDGE DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P** ☐ Change ☒ Addition
NAME **EVANS, JACQUELINE F.**
STREET ADDRESS **2475 ENTERPRISE RD, STE 300**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE **D, JP, SIT** ☐ Change ☒ Addition
NAME **GOTTLIEB, JERRY**
STREET ADDRESS **2475 ENTERPRISE RD, STE 100**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-03

Date

727-791-1977

Daytime Phone #

CR2E034 (10/02)