

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90072 001 ***300.00

DOCUMENT # V23736

1. Entity Name

STRATEGIC PLANNING AND MANAGEMENT, INC.

Principal Place of Business

**12146 ORANGE BLVD
WEST PALM BEACH FL 33412
US**

Mailing Address

**12146 ORANGE BLVD
WEST PALM BEACH FL 33412
US**

38320

2. Principal Place of Business

12518 83rd Ln N

3. Mailing Address

12518 83rd Ln N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0392195

Applied For

Not Applicable

Zip

Country

33412

Zip

Country

33412

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

**HORWITZ, MICHAEL
12146 ORANGE BLVD
WEST PALM BEACH FL 33412**

Name

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

12518 83rd Ln N

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/01

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, 2001 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** ☐ Delete
NAME **HORWITZ, MICHAEL**
STREET ADDRESS **1420 NE 163 STREET**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33162**

TITLE ☒ Change ☐ Addition
NAME **12518 83rd Ln N**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **HORWITZ, SUZANNE**
STREET ADDRESS **1420 NE 163 STREET**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33162**

TITLE ☒ Change ☐ Addition
NAME **12518 83rd Ln N**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 supplement to 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/01

(561) 792-2357

CR2E034 (10/00)