

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90183 040 ***150.00

B0128110



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000015797
 1. Entity Name
CONTACT PLANNING, INC.

| | |
|---|---|
| Principal Place of Business 3186 WHISPERWIND DR ST CLOUD FL 34771 | Mailing Address 3186 WHISPERWIND DR ST CLOUD FL 34771 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business <i>3186 Whisper Wind Dr</i> | 3. Mailing Address <i>3186 Whisper Wind Dr</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | | |
|--------------|--------------|------------------------------------|---|---|
| City & State | City & State | 4. FEI Number 59-3698214 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 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. I am familiar with, and accept the obligations of registered agent.

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD PASHA, KAREN S 3186 WHISPERWIND DR ST CLOUD FL 34771 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD PASHA, THOMAS W 3186 WHISPERWIND DR ST CLOUD FL 34771 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 life empowered.

SIGNATURE: *Karen S Pasha* **7/5/02** **407 891 2252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment
#701006015791

Friday, July 05, 2002

TO: UBR Filings Dept.
Florida Department of State
Uniform Business Report Filings
Tallahassee FL 32302-1500
Tel: 850-488-9000

FROM: Mr. Tom Pasha
CONTACT Planning / Production
3186 Whisper Wind Dr.
St. Cloud FL 34771
Tel: 407-891-2252
Fax: 407-891-6428

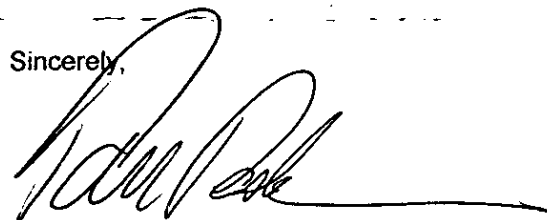
To Whom It May Concern:

I am writing this letter at the instruction of Esther, in your Customer Service Department. When I told her I had received an invoice for \$550, she stated the fee was based on my UBR having not been received by the original due date of May 1, 2002.

I am asking to adjust this invoice to the original amount of \$150, because I had not received the original billing, and was unaware that any amount was owed. As a new small business, I realize that it is critical that we file our paperwork completely and correctly, both from an organizational standpoint and to minimize expenses. Had I received the initial invoice, I would have paid the \$150 and filed it immediately in order to avoid having to receive an additional invoice for \$550.

I have enclosed a check for \$150, also per Esther's instructions. I appreciate your help and attention in resolving this matter, and rest assured that all future payments will be made on time. Thank you for your time and interest, and be sure to call if I can be of any further assistance or information.

Sincerely,



Tom Pasha
Vice-President