

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90015 009 ***150.00

DOCUMENT # G23107

1. Entity Name
21ST CENTURY ADVISORS, INC.

Principal Place of Business

**900 N. FEDERAL HWY
 410
 BOCA RATON FL 33432
 US**

Mailing Address

**900 N. FEDERAL HWY
 410
 BOCA RATON FL 33432
 US**

545092



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 W Linton Blvd

3. Mailing Address

401 W Linton Blvd

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

59-2260573

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

**BROWN, KENNETH
 900 N. FEDERAL HWY
 BOCA RATON FL 33432**

Name

Brown, Kenneth

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

401 W Linton Blvd

Suite 300

City

Delray Beach FL

Zip Code

33444

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 _____

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 Delete
 NAME **PD BROWN, KENNETH W.**
 STREET ADDRESS **9 INLET CAY**
 CITY-ST-ZIP **OCEAN RIDGE FL**

TITLE Change Addition
 NAME **PD Brown, Kenneth**
 STREET ADDRESS **401 W. Linton Blvd**
 CITY-ST-ZIP **Delray Beach, FL 33444**

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

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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 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)