

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90017 022 ***550.00

DOCUMENT # L19716

1. Entity Name
THE ADVISORY, INC.

Principal Place of Business 13575 58TH ST. NORTH SUITE 164 CLEARWATER FL 33760 US	Mailing Address 13575 58TH ST. NORTH SUITE 164 CLEARWATER FL 33760 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5770 ROOSEVELT BLVD. Suite, Apt. #, etc. STE 601 City & State CLEARWATER, FL Zip 33760 Country US	3. Mailing Address 5770 ROOSEVELT BLVD. Suite, Apt. #, etc. STE 601 City & State CLEARWATER, FL Zip 33760 Country US
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4. FEI Number **59-2967889** 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

ROSEN, GEORGE L.
13575 58TH STREET NORTH
SUITE 164
CLEARWATER FL 34620

Name
 Street Address (P.O. Box Number is Not Acceptable)
5770 ROOSEVELT BLVD.
STE 601
 City **CLEARWATER** FL Zip Code **33760**

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) 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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSEN, GEORGE L. 13575 58TH ST., NORTH CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTZ, RAYMOND 13575 58TH STREET, NORTH CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FERGUSON, JAMES C. 13575 58TH STREET, NORTH CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SAVAGE, LEE B. 13575 58TH STREET, NORTH CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOUSER, JR. L 13575 58TH STREET NORTH CLEARWATER FL	<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"/> Change <input type="checkbox"/> Addition
5770 ROOSEVELT BLVD., STE 601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5770 ROOSEVELT BLVD., STE 601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5770 ROOSEVELT BLVD., STE 601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5770 ROOSEVELT BLVD., STE 601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5770 ROOSEVELT BLVD., STE 601	
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 like empowered.

SIGNATURE: James L. Houser, Jr. DATE: 9/11/00 DAYTIME PHONE #: 727-526-7800

CR2E034 (5/00)