2003 FOR PROFIT CORPORATION

FILED Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** L85143 **DOCUMENT #** 1. Entity Name 04-25-2003 90263 048 ***150.00 ADVISORS ASSOCIATES, INC. Principal Place of Business Mailing Address 8330 MENTEITH TERR 590T N.W. 101 ST. SUITE 216 MIAMI LAKES FL 33016 MIAM LAKES FL 33014 US 2. Principal Place of Business 3. Mailing Address Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 65-0200981 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPANO, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 8330 MENTEITH TERR MIAMI LAKES FL 33016 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE SPANO, ROBERT R. NAME NAME STREET ADDRESS 8330 MENTEITH TERR STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SPANO, CARLEEN M. NAME NAME STREET ADDRESS STREET ADDRESS 8330 MENTEITH TERR CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME GARNER, GARY R. STREET ADDRESS STREET ADDRESS 8330 MENTEITH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL Change ☐ Addition ST ☐ Delete TITLE SPANO, CHRISTIAN D. NAME NAME STREET ADDRESS 8330 MENTEITH TERR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI LAKES FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete NAME NAME

12. I hereby certify that the information supplied with this filling 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 apport is true and a curate 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 at trustee empowered the ecute 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS CITY-ST-ZIP