

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90107 013 ***150.00

DOCUMENT # P0000067714

1. Entity Name
ADVISORVEST, INC.

Principal Place of Business Mailing Address
2061 EMERSON ST. UNIT A **6542 CHRISOPHER POINT RD W**
JACKSONVILLE FL 32207 **JACKSONVILLE FL 32217-2361**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3659678

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALL, JOHN S
ONE INDEPENDENT DR, STE 2600
JACKSONVILLE FL 32202

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.

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 \$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
D
NAME **JENKINS, VIRGINIA L**
STREET ADDRESS **6542 CHRISOPHER POINT RD W**
CITY-ST-ZIP **JACKSONVILLE FL 32217-2361**

TITLE Change Addition

TITLE Delete
D
NAME **JENKINS, MARIAN Z**
STREET ADDRESS **6542 CHRISOPHER POINT RD W**
CITY-ST-ZIP **JACKSONVILLE FL 32217-2361**

TITLE Change Addition

TITLE Delete
D
NAME **SURFACE, J. FRANK JR**
STREET ADDRESS **ONE INDEPENDENT DR, STE 2210**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Virginia L. Jenkins* *Virginia L. Jenkins* Date: 1/8/01 Daytime Phone #: (904) 399-2378

CR2E034 (10/00)