

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90083 048 ***150.00

0428349 AV

DOCUMENT # P95000059396

1. Entity Name
ADVISORY CAPITAL PARTNERS, INC.



Principal Place of Business
**1001 NORTH US HIGHWAY 1
STE. #503
JUPITER FL 33477**

Mailing Address
**1001 NORTH US HIGHWAY 1
STE. #503
JUPITER FL 33477**



2. Principal Place of Business
505 S Flagler Dr

3. Mailing Address
505 S Flagler Dr

Suite, Apt. #, etc.
Suite 1450

Suite, Apt. #, etc.
Suite 1450

City & State
West Palm Beach FL

City & State
West Palm Beach FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **06-1352973**

Applied For
Not Applicable

Zip **33401**

Country

Zip **33401**

Country

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

~~WASERSTEIN, STEVE L ESQ~~
**500 EAST BROWARD BLVD., SUITE 1130
FT. LAUDERDALE FL 33394**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD ECCLES, ROBERT G**
STREET ADDRESS **49 PARKER ST**
CITY-ST-ZIP **LEXINGTON MA 02421**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD NEWQUIST, SCOTT C**
STREET ADDRESS **396 S. BEACH RD.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
NAME
STREET ADDRESS **300 El Brillo Way**
CITY-ST-ZIP **Palm Beach FL 33480**

TITLE Delete
NAME **V ECCLES, ANNE L**
STREET ADDRESS **49 PARKER STREET**
CITY-ST-ZIP **LEXINGTON MA 02421**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V NEWQUIST, AILEEN M**
STREET ADDRESS **396 S BEACH ROAD**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
NAME
STREET ADDRESS **300 El Brillo Way**
CITY-ST-ZIP **Palm Beach FL 33480**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/03
Date

561-835-8374
Daytime Phone #

CFR2E034 (10/02)