

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000085549

1. Entity Name
FIDELITY NATIONAL ADVISORS, INCORPORATED

| | | | |
|--|----|--|----|
| Principal Place of Business PMB 828 533 S. HOWARD AVENUE TAMPA 33606 US | FL | Mailing Address PMB 828 533 S. HOWARD AVENUE TAMPA 33606 US | FL |
|--|----|--|----|

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|--|--|
| 2. Principal Place of Business 1725 WEST MARTIN LUTHER KING DRIVE | 3. Mailing Address 1725 WEST MARTIN LUTHER KING DRIVE |
|--|--|

| | |
|----------------------------------|----------------------------------|
| Suite, Apt. #, etc. 1ST FLOOR | Suite, Apt. #, etc. 1ST FLOOR |
|----------------------------------|----------------------------------|

| | |
|-----------------------------|-----------------------------|
| City & State TAMPA FL | City & State TAMPA FL |
|-----------------------------|-----------------------------|

| | | | |
|--------------|---------------|--------------|---------------|
| Zip 33607 | Country US | Zip 33607 | Country US |
|--------------|---------------|--------------|---------------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3404544 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOWDEN C A
 3837 NORTH DALE BLVD
 SUITE 183
 TAMPA FL
 33624 US

7. Name and Address of New Registered Agent

Name
BISHOFF DUANE

Street Address (P.O. Box Number is Not Acceptable)
3409 WEST FLETCHER AVENUE

City
TAMPA FL Zip Code
33618

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 **DUANE BISHOFF**

04/14/2001

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 NAME STREET ADDRESS CITY-ST-ZIP | PST ZEBROWSKI WALTER C 3837 NORTHDALE BLVD #183 TAMPA FL 33624 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST ZEBROWSKI WALTER C 3409 WEST FLETCHER AVENUE TAMPA FL 33618 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: **Walter C. Zebrowski**

PST **04/14/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)