2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V41478** Apr 19, 2000 8:00 am Secretary of State TAX ANALYSTS ADVISORY SERVICES, INCORPORATED 04-19-2000 90064 024 ***150.00 Principal Place of Business Mailing Address 1100 CLEVELAND ST P O BOX 3895 CLEARWATER FL 33767-8895 SUITE 1104A ------CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3127214 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GATES, BRYAN E. Street Address (P.O. Box Number is Not Acceptable) 270 SKIFF PT B-1 **CLEARWATER FL 33767** Zip Code FL he purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named eg **SIGNATURE** DATE title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change ☐ Delete TITLE TITLE GATES, JEAN NAME NAMÉ STREET ADDRESS STREET ADDRESS 270 SKIFF POINT, #B-1 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33767 Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

☐ Change

Change

☐ Change

Addition

Addition

Addition

NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR	
SIGNATURE AND THE OF PRINTED AND OF SIGNING OF THE OF	Day and Trainer

NAME ____

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

☐ Delete

☐ Delete

☐ Delete

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP