

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004499

1. Entity Name

SECURED INVESTMENT ADVISORS, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90060 012 ***150.00

Principal Place of Business
1360 POST OAK BLVD
SUITE 1770
HOUSTON TX 77056
US

Mailing Address
1360 POST OAK BLVD.
SUITE 1770
HOUSTON TX 77056-3062
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **76-0386398**
Applied For
Not Applicable

Zip Country Zip 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	<input type="checkbox"/> Delete
DT	BENNETT, DONALD K	812 ANACAPA STREET #2	SANTA BARBARA CA 93101	<input type="checkbox"/>
DP	GROTENHUIS, DAVID	3555 1/2 PADARO LANE	CARPINTERIA CA 93013	<input checked="" type="checkbox"/>
DS	SIEMENS, WAYNE	812 ANACAPA STREET 32	SANTA BARBARA CA 93101	<input checked="" type="checkbox"/>
D	GUNTER, ALLEN	1360 POST OAK BLVD #1770	HOUSTON TX 77056	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 DIRECTOR

Date

Daytime Phone #

3-17-00

713-621-9288

CR2E034 (9/99)