

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000004682**

1. Entity Name

PROPERTY ADVISORY GROUP, INC.**FILED****Mar 04, 2000 8:00 am**
Secretary of State

03-04-2000 90022 009 ***150.00

Principal Place of Business

Mailing Address

**4 CATHEDRAL SQUARE
SUITE 1G
PROVIDENCE RI 02903
US****4 CATHEDRAL SQUARE
SUITE 1G
PROVIDENCE RI 02903-3608
US****C0030842**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0375781

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**

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **P** ☐ Delete
NAME **BENTZ, JOHN B**
STREET ADDRESS **1 FAIROAKS CT S.**
CITY-ST-ZIP **GREENVILLE RI 02828**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **GAUDREAU, ROBERT R**
STREET ADDRESS **22 BRIARBROOKE LN.**
CITY-ST-ZIP **CRANSTON RI 02921**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Delete
NAME **HUDSON, GRETCHEN M**
STREET ADDRESS **7 CONGDON ST.**
CITY-ST-ZIP **COVENTRY RI 02816**TITLE **Treas.** ☒ Change ☐ Addition
NAME **Gretchen M. Maurer**
STREET ADDRESS **PO Box 5882**
CITY-ST-ZIP **Providence, RI 02903**TITLE **S** ☐ Delete
NAME **GAUDREAU, WILLIAM L**
STREET ADDRESS **4 CHASE LANE**
CITY-ST-ZIP **LINCOLN RI 02865**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Gretchen M. Maurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2-28-00**
Date

Daytime Phone #

CR2E034 (9/99)