

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90287 042 \*\*\*150.00

031400 AT

**DOCUMENT # F94000004682**



**1. Entity Name**  
**PROPERTY ADVISORY GROUP, INC.**

**Principal Place of Business**  
**4 CATHEDRAL SQUARE**  
**SUITE 1G**  
**PROVIDENCE RI 02903**  
**US**

**Mailing Address**  
**4 CATHEDRAL SQUARE**  
**SUITE 1G**  
**PROVIDENCE RI 02903**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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**

**COLE, JONATHAN**  
**250 ROYAL PALM WAY**  
**SUITE 300**  
**PALM BEACH FL 33480**

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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |
|----------------|--|
| TITLE          | <b>P</b> <input type="checkbox"/> Delete |
| NAME           | <b>BENTZ, JOHN B</b>                     |
| STREET ADDRESS | <b>1 FAIROAKS CT S.</b>                  |
| CITY-ST-ZIP    | <b>GREENVILLE RI 02828</b>               |
| TITLE          | <b>V</b> <input type="checkbox"/> Delete |
| NAME           | <b>GAUDREAU, ROBERT R</b>                |
| STREET ADDRESS | <b>22 BRIARBROOKE LN.</b>                |
| CITY-ST-ZIP    | <b>CRANSTON RI 02921</b>                 |
| TITLE          | <b>S</b> <input type="checkbox"/> Delete |
| NAME           | <b>GAUDREAU, WILLIAM L</b>               |
| STREET ADDRESS | <b>4 CHASE LANE</b>                      |
| CITY-ST-ZIP    | <b>LINCOLN RI 02865</b>                  |
| TITLE          | <b>T</b> <input type="checkbox"/> Delete |
| NAME           | <b>MAURER, GRETCHEN M</b>                |
| STREET ADDRESS | <b>PO BOX 5882</b>                       |
| CITY-ST-ZIP    | <b>PROVIDENCE RI 02903</b>               |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)