

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91182 020 ***150.00

DOCUMENT # **49500000 45 E6**

1. Entity Name:
Advanced Strategies Agency, Inc.

Principal Place of Business
362 North Main Street
Huron, Ohio 44839

Mailing Address
362 North Main Street
Huron, Ohio 44839

C0069931

2. Principal Place of Business
362 North Main Street

3. Mailing Address
362 North Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Huron, OH

City & State
Huron, OH

4. FEI Number
34-1605027

Applied For
 Not Applicable

Zip
44839

Country
USA

Zip
44839

Country
USA

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

6. Name and Address of Current Registered Agent

Garry N. Savage, Sr.
13105 Vanderbilt Drive, Unit 407
Naples, FL 33963

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!
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

TITLE	President	<input type="checkbox"/> Delete
NAME	Garry N. Savage Sr.	
STREET ADDRESS	362 North Main Street	
CITY-ST-ZIP	Huron, OH 44839	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Jeffrey S. Ward	
STREET ADDRESS	374 North Main Street	
CITY-ST-ZIP	Huron, OH 44839	
TITLE	Executive Vice-President & Secretary-Treasurer	<input type="checkbox"/> Delete
NAME	Garry N. Savage, Jr.	
STREET ADDRESS	362 North Main Street	
CITY-ST-ZIP	Huron, OH 44839	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have not changed, or on an attachment with an address, with all other officers or directors, since the last report.

SIGNATURE: GARRY N. SAVAGE, SR., PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

419-433-5291

Daytime Phone #

CR2E034 (11/00)