

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90034 008 \*\*\*150.00

**DOCUMENT #** F95000004586  
**1. Entity Name** Advanced Strategies Agency, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

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**DO NOT WRITE  
IN THIS SPACE**

**4. FEI Number** 34-1605027  
**Applied For** Not Applicable

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

**7. Name and Address of Current Registered Agent**

**Name** Garry N. -Savage, Sr. -  
**Street Address (P.O. Box Number is Not Acceptable)** 13105 Vanderbilt Drive, Unit 107

**City** Naples **FL** **Zip Code** 33963

**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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>President</b> Garry N. Savage, Sr. 362 North Main Street Huron, Ohio 44839	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Vice-President</b> Jeffrey S. Ward 374 North Main Street Huron, Ohio 44839	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Executive Vice-President and Sec.-Treas.</b> Garry N. Savage, Jr. 362 North Main Street Huron, Ohio 44839	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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**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 on an attachment with an address with all other like empowered.**

**SIGNATURE:** GARRY N. SAVAGE, SR., PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02  
Date

419-433-5291  
Daytime Phone #

CR2E034B (12/01)