## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

F95000004586 DOCUMENT #

Principal Place of Business

10.

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STREET ADDRESS

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1. Entity Name ADVANCED STRATEGIES AGENCY, INC.



FILED Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90222 030 \*\*\*150.00

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Principal Place of Business 362 N. MAIN ST HURON OH 44839		Mailing Address 362 N. MAIN ST HURON OH 4483				ISPANSO (IPO PAROL SPAIR DONIS O			El (B)(B E)((A)				
2. Principa	I Place of Busin	2000	10.14-22										
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Suite, A	ot. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			☐ CHECK HERE	E IE MAKING C	יש אורים	c	,		
City & S	ate		City & State					- II WANING C	HANGE				
				Oily ti Glate			4. FEI Number 34-1605027				Applied For		
Zip Country		Zip Co.		try	5. Certific	5. Certificate of Status Desired			Not Applicable \$8.75 Additional				
	6. Name	and Address of Curre	nt Registered Agent			7. Name	and Address of New		e Requir	red	4		
SV/VGE	CADDV N.C	יחי		·	Name			icgistered Ag	0116		7		
	, GARRY N S				Street Addres	ss (PO Boy Nu	mber is Not Acceptabl	-1			4		
	anderbilt ( Fl 33963	JH, UNIT 40/				38 (1.O, BOX 140	mber is Not Acceptable	e)					
NAPLES	rl 33963										1		
					City			FL	Zip Cod	de	+		
8. The abov	e named entity	submits this statement	for the purpose of chan	ging its registere	d office or regis	stered agent or	both in the State of Eli	orida Lam form	iling with	t	4		
the oblig	ations of registe	ered agent.				agam, o	board, are dealer of the	onua. Lammam	ıllar with	, and accept			
SIGNATURE													
		r printed name of registered age.	int and title if applicable.	(NOTE: Registered	Agent signature requ	ired when reinstating	1	DATE					
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00	0			9.	Election Campaign Fir	nancing	\$5.0	<b>00</b> May Be			
	k Payable to	Florida Department	- 1				Trust Fund Contributio	n. 🔲		d to Fees	ĺ		
10.	ΙP	OFFICERS ANI	D DIRECTORS	11,		ADDITION	NS/CHANGES TO OFF	ICERS AND DI	RECTOR	S IN 11	1		
TITLE NAME	1 '	ARRY N SD	☐ Delete TITLE						Change	☐ Addition	8		
STREET ADDRESS	SAVAGE, GARRY N SR 362 N MAIN ST HURON OH 44839			NAME						uoitippy (10/02)			
CITY-ST-ZIP				CITY-:	T ADDRESS ST-ZIP						8		
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IAME	WARD, JEFFREY S		NAME			☐ Change ☐				៉			
TREET ADDRESS TTY-ST-ZIP	SS 374 N. MAIN STREET HURON OH 44839				ADDRESS								
ITLE -	EVPS	44009		City-s							i		
AME	SAVAGE, G	ARRY N.JR.	Delete	NAME		···=			Change	Addition			
TREET ADDRESS	362 N. MAII	√ ST		_	ADDRESS								
ITY-ST-ZIP	HURON OH	44839		CITY-S									
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NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ordrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Garry N. Savage, President 3/17/03 419 4335291