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

G18067 **DOCUMENT #**

1. Entity Name

FLORIDA FINANCIAL ADVISORS, INC.

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Principal Place of Business Mailing Address 330 W. BEARSS AVENUE 330 W. BEARSS AVENUE TAMPA FL 33613-1228 TAMPA FL 33613-1228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2243522 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANKE, DOUGLAS P. Street Address (P.O. Box Number is Not Acceptable) 330 WEST BEARSS AVENUE **TAMPA FL 33613** City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PTDS** ☐ Delete ☐ Change TITLE ☐ Addition HANKE, DOUGLAS P NAME 330 WEST BEARSS AVENUE STREET ADDRESS TAMPA FL CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐.Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP Delete Change ☐ Addition STREET ADDRESS CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME : STREET ADDRESS

FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90152 021 ***150.00

10. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: