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

Mailing Address 4083 GRANDE BLVD

109 SHELLBLUFF CT.

JACKSONVILLE FL 32250

DOCUMENT

H28836

1. Entity Name

PLAN ADVISORS, INC.

Principal Place of Business

JACKSONVILLE FL 32250

4083 GRANDE BLVD



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90098 028 ***150.00

a karanga akan kina karan karan karan akiran arik akan areka alibik akiran akiran akiran alibik akiran arik a

US									
2. Principal Pl	lace of Business	3. Mailing Address 4083 GRANDE BLUD							
Suite, Apt. #, etc. Suite, Apt. #,			etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State	е	SHEXSONUME BEACH, FL			4. [4. FEI Number 59-2463609 Applied Not App			
Zip Country		Zip Cour 32250 C		SA	5. (Certificate of Status Desired F	8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New Registered A	jent		
	-Name								
ROSS, KIMBALL K.				Street Address (P.O. Box Number is Not Acceptable)					
8186 BAY MEADOWS WAY WEST									
JACKSON	NVILLE FL 32216								
;				City		FL	Zip Code)	
3. The above	named entity submits this statement for	or the purpose of changing its	s register	ed office or regist	ered ag	ent, or both, in the State of Florida. I am fa	miliar with,	and accept	
	tions of registered agent.								
.)									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requi	red when re	einstating) DATE		=	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o		<u></u>			9. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
	OFFICERS AND	<u></u>	11.	,	A	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
10.	PST '	Delete	TITL			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE NAME	MITZEL, CHARLES B.	□ Delete	NAM						
STREET ADDRESS	4083 GRANDE BLVD		STR	EET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32250			-ST-ZIP					
TITLE		☐ Delete	TITL	E			Change	☐ Addition	
NAME			NAM	IE					
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP	<i>₩</i> ~		CITY	'-ST-ZIP					
TITLE -		Delete		E		—	Change	Addition	
NAME			NAM	l l					
STREET ADDRESS				EET ADDRESS '-ST-ZIP					
CITY-ST-ZIP				.			Change	Addition	
TITLE		☐ Delete	TITL	ı			Change	[_] Addition	
NAME			NAM STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			1	'-ST-ZIP					
	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITL	F			☐ Change	Addition	
TITLE NAME	1	□ Oelete	NAM	i					
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP			CIT	r-ST-ZIP					
TITLE		☐ Delete	TITE	E			☐ Change	Addition	
NAME			NAM	AE					
STREET ADDRESS			1	EET ADDRESS					
	1		CIT	/_ST_7IP					

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 oy/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 attack

SIGNATURE: