

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H34941

1. Entity Name

CORNERSTONE FINANCIAL ADVISORY, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90329 021 \*\*\*150.00

Principal Place of Business

12661 MCGREGOR BLVD.  
2-201  
FT. MYERS FL 33919

Mailing Address

12661 MCGREGOR BLVD.  
2-201  
FT. MYERS FL 33919

LUU43330

2. Principal Place of Business

12651 McGregor Blvd

Suite, Apt. #, etc.  
2-201

City & State

Same

Zip

Same

Country

Same

3. Mailing Address

12651 McGregor Blvd

Suite, Apt. #, etc.  
2-201

City & State

Same

Zip

✓

Country

✓



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2592008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, H. JEFFREY  
13 CATALPA CT  
FT MYERS FL 33919

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!!! FEE IS \$150.00**  
**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          | P                     | <input type="checkbox"/> Delete |
| NAME           | SMITH, H JEFFREY      |                                 |
| STREET ADDRESS | 4560 VIA ROYALE STE 1 |                                 |
| CITY-ST-ZIP    | FT-MYERS FL 33919     |                                 |
| TITLE          | ST                    | <input type="checkbox"/> Delete |
| NAME           | SMITH, H JEFFREY      |                                 |
| STREET ADDRESS | 4560 VIA ROYALE STE 1 |                                 |
| CITY-ST-ZIP    | FT-MYERS FL           |                                 |
| 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    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | P                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | H. Jeffrey Smith            |  |
| STREET ADDRESS | 12651 McGregor Blvd, #2-201 |  |
| CITY-ST-ZIP    | FT MYERS FL 33919           |  |
| TITLE          | ST                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | H. Jeffrey Smith            |  |
| STREET ADDRESS | 12651 McGregor Blvd, 2-201  |  |
| CITY-ST-ZIP    | FT MYERS, FL 33919          |  |
| 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    |                             |  |
| 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    |                             |  |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 941454 6332  
Date Daytime Phone #

CR2E034 (10/00)