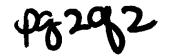
## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)				P3192		
DOCUI	MENT # L23112					
WYMAN	FINANCIAL SERVICES, INC	•		FILED.		
				00 JUL 14 AM 10: 36		
Principal Place of Business Mailing Address						
5240 BABCOCK ST., N.E. S240 BABCOCK ST., N STE 110 STE 110 PALM BAY FL 32905 PALM BAY FL 32905			SECRETARY OF STATE. TALLAHASSEE/FLORIDA			
FACM DATTE	32300	FREM DATE OF SOL		TERRETARIO DE CONTRO	in in the second	
2. Principal Place of Business 3. Mailing Address			0 .			
Suite, Apt. #, etc. Suite, Apt. #, etc.		M	DO NOT WRITE IN THIS SPACE			
City & State City & State			·	4. FEI Number 59-2970987 Applied F		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	_6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent		
140/4	TIONAGO		Name	• · · · · · · · · · · · · · · · · · · ·		
WYMAN, THOMAS R. 5240 BABCOCK STREET NE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 110 PALM BAY FL 32905						
FAL	M DAT FL S2905		City	FL Zip Code		
8. The above	named entity submits this statement f	or the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida.		
SIGNATURE .					_	
	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating) DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	After SEPTEMBER	/!!! FEE IS \$550.00 13, 2000 Min. will be \$ ible to Department of S	I HUSE FURNICON LINUAGO IO FER		
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ A	74 (5/00)	
NAME STREET ADDRESS	WYMAN, THOMAS R. 5240 BABCOCK ST NE, #110		NAME STREET ADDRESS		34 (	
CITY-ST-ZIP	PALM BAY FL		CITY-\$T-ZIP		CR2E0	
TITLE		☐ Delete	TITLE NAME			
NAME STREET ADDRESS			STREET ADDRESS	200003350102 -08/08/0001100007		
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TITLE		☐ Delete	TITLE NAME	Change A	ddition	
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ A	ddition	
NAMA STREET ADDRESS			NAME STREET ADDRESS			
CITY-6T-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ A	ddition	
NAME STREET ADDRESS	,		NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ A	ddition	
NAME STREET ADDRESS			NAME STREET ADDRESS	2h		
CITY-ST-ZIP			CITY-ST-ZIP			
indicated	on this report or supplemental report.	is true and accurate and that	my signature shalt have th	Section 119.07(3)(i), Florida Statutes. I further certify that the informate same legal effect as if made under oath; that I am an officer or dire	ctor	
of the cor changed,	poration or the receiver or trustee emp or on an attachment with an address,	cowered to execute this report with all other like empowered	rt as required by Chapter ( d.	307, Florida Statutes; and that my name appears in Block 11 or Block	12 if	

**SIGNATURE:** 

## AVYMAN FINANCIAL SERVICES, INC.

A REGISTERED INVESTMENT ADVISOR
5240 Babcock Street, N.E.
Suite 110
Palm Bay, Florida 32905
(407) 951-1335 • (800) 438-5179



WYMAN FINANCIAL

July 7, 2000

Department of State/Florida

Dear Sir or Madam:

The only notice we received was July 7, 2000. Your office instructed us to send \$150.00. We can be reached at 800-438-5179 if necessary.

Best Regards

Thomas R. Wyman

President