

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90540 001 ***300.00

DOCUMENT # L34626

1. Entity Name

TRIAD ADVISORS, INC.

Principal Place of Business

**3500 PARKWAY LANE
 SUITE 220
 NORCROSS GA 30092
 US**

Mailing Address

**3500 PARKWAY LANE
 SUITE 220
 NORCROSS GA 30092
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0173164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRUDERMAN, ROBERT
 551 NW 77TH ST
 SUITE 100
 BOCA RATON FL 33487**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	V HIXON, BARRY C. 789 S. FEDERAL HWY STUART FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P METTELMAN, MARK 3500 PARKWAY LANE STE 320 NORCROSS GA 30092	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUDERMAN, ROBERT 551 NW 77TH ST, STE 100 BOCA RATON FL 33487	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CRAIG 3029 GAVIN PLACE DULUTH GA 30096	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2002
 Date

770 8400363
 Daytime Phone #

CR2E034 (9/01)