

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90590 023 ****50.00

DOCUMENT # M00000001608

1. Entity Name

HBK ADVISORY SERVICES LLC

Principal Place of Business

**3777 TAMiami TRAIL NORTH #700
 NAPLES FL 34103**

Mailing Address

**3777 TAMiami TRAIL NORTH #700
 NAPLES FL 34103**

901921

2. Principal Place of Business

3. Mailing Address

7680 MARKET STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOARDMAN, OHIO

4. FEI Number

34-1925728

Applied For

Not Applicable

Zip

Country

Zip

Country

44512

MAHONING

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAER, DAN E CPA
 HILL, BARTH & KING LLC
 377 TAMiami TRAIL NORTH, SUITE 700
 NAPLES FL 34003**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	WILSON, PHILLIP L	7680 MARKET STREET	BOARDMAN OH 44512	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	HAK FINANCIAL SERVICES LLC.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/02 330-758-8613
 Date Daytime Phone #

CR2E083 (9/01)