

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83181

1. Entity Name

WEALTH PRESERVATION STRATEGIES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90105 022 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business  | Mailing Address   |
| C/O T. HERSEM<br>1421 COURT ST. SUITE B<br>CLEARWATER FL 34616<br>US | C/O T. HERSEM<br>1421 COURT ST. SUITE B<br>CLEARWATER FL 33756-6172<br>US |

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

|               |            |                |
|---------------|------------|----------------|
| 4. FEI Number | 59-2917468 | Applied For    |
|               |            | Not Applicable |

|                                  |   |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERSEM, THOMAS G. (ATTY)  
 C/O T. HERSEM  
 1421 COURT ST. SUITE B  
 CLEARWATER FL 34616

|  |
|--|
| 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 \_\_\_\_\_ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS |                         |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|-------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | D                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | CUTLER, MARY LOU        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 111 ALETA DR.           |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | BELLEAIR BEACH FL 33786 |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | P                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | CUTLER, BERTRAM         |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 111 ALETA DRIVE         |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | BELLEAIR BEACH FL       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                         |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                         |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                         |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                         |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                         |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                         |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                         |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                         |                                 |  | 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 officer or director with all other like empowered.

SIGNATURE: *Mary Lou Cutler* 03/29/00 727 596 7712  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)