## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 26, 2003 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # NO100007189  1. Entity Name  AMERICAN VETERANS ADVOCATES, INC.						01-27-200	3 90346 001 *	***70.00	
Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  City & State  City & St	4443 MORNIN	G DOVE DRIVE	POST OFFICE BOX 600511					,		
City & State  Ci	2. Principal	Place of Business	3. Mailing Address							
Signer Address of Current Registered Agent   S. Certificate of Status District   S. Sertificate of Status   S. Sertificate   S. Sertificate   S. Sertificate   S. Sertificate   S. Sertificate   S. Sertificate of Status   S. Sertificate   S.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
8. Name and Address of Current Registered Agent  7. Name and Address of Name Registered Agent  Name and Address	City & State		City & State			4. FEI Number 59-3753419 Applied For Not Applicable				7
Name   Sire   Addings   P.D. Box Number is later   Acceptable	Zip			Country	/	<u> </u>	······································	Fee Require		]
JOHNSON, STEVEN M 1157 IOWA AVENUE  4. 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. I am familiar with, and accept the obligations of unsammed entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of unsammed entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of unsammed entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligations of unsammed entity, submits at statement of pressure agent of the state.  5 ICMATURE  FILE NOW: FEE IS \$61.25  6. Election Campaign Financing Thus Fund Contribution.  7 Addition Time Mule Mule Mule Mule Mule Mule Mule Mul		o. Name and Address of Current	registered Agent		lame .	/. Name and Ad	cress of New Regis	stered Agent	<del>-</del>	4
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. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATUR	11657 10	WA AVENUE		fich	O. Box Number is.	Not Acceptable)	m_s			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Safet of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATUR	- i			7	TACK	SONVILL	<u>e</u> .	FL Zip Co	58	1
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: