

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 01, 2001 8:00 am
Secretary of State

02-06-2001 90240 045 ***150.00

DOCUMENT # P00000007622

1. Entity Name
GLOBAL WEALTH ADVISORS, INC.

Principal Place of Business
**4501 TAMiami TRAIL NORTH SUITE 204
NAPLES FL 34103**

Mailing Address
**4501 TAMiami TRAIL NORTH SUITE 204
NAPLES FL 34103**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 208		Suite, Apt. #, etc. 208	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3639085	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAILEY, RONALD JR 4501 TAMiami TRAIL NORTH SUITE 204 NAPLES FL 34103		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		SUITE 208	
		City	FL

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) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, RONALD JR 4501 TAMiami TRAIL NORTH SUITE 204 NAPLES FL 34103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWAPE, RICHARD 4501 TAMiami TRAIL NORTH SUITE 204 NAPLES FL 34103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'CONNOR, WILLIAM 4501 TAMiami TRAIL NORTH SUITE 204 NAPLES FL 34103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Ronald Bailey Jr.* **Ronald Bailey Jr.** 1/29/01 (941) 659-3225

CR2E034 (10/00)