

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90265 048 \*\*\*150.00

**DOCUMENT # P00000011756**

1. Entity Name  
**H&R ADVISORY GROUP, INC.**  
**18732 WIMBLEDON CIRCLE**  
**LUTZ, FL. 33549**

Principal Place of Business  
**HILLSBOROUGH COUNTY,**  
**LUTZ, FLORIDA**

Mailing Address  
**18732 WIMBLEDON CIRCLE**  
**LUTZ, FL. 33549**

2. Principal Place of Business  
**HILLSBOROUGH COUNTY, TAMPA, FLORIDA**

3. Mailing Address  
**3837 NORTDALE BLVD.**

City & State  
**TAMPA, FLORIDA**

City & State  
**TAMPA, FLORIDA**

4. FEI Number  
**593625357**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JAN M. DEAN**  
**18732 WIMBLEDON CIRCLE**  
**LUTZ, FLORIDA 33549**

7. Name and Address of New Registered Agent  
 Name  
**JAN M. DEAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3837 NORTDALE BLVD.**  
 City  
**TAMPA** FL Zip Code  
**33624**

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 **Jan M Dean** DATE **8-30-2001**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT; V; T; S; D; C; M</b> <b>JAN M. DEAN</b> <b>18732 WIMBLEDON CIRCLE</b> <b>LUTZ, FL. 33549</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT; V; T; S; D; C; M</b> <b>JAN M. DEAN</b> <b>3837 NORTDALE BLVD</b> <b>TAMPA, FL. 33624</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CHANGE OF ADDRESS ONLY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Jan M. Dean (JAN M. DEAN)** DATE **8-30-2001** (813) 948-8854

CR2E034 (5/01)

ATTACHMENT

Uniform Business Report  
Division Of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

BOU64053  
P000000011756

To Whom It May Concern:

Enclosed is the 2001 Uniform Business Report (UBR) with my \$150 payment regarding H & R Advisory Group, Inc.

Because I had moved, I did not receive the UBR. Based on a discussion I had with your office, I was advised to submit this letter explaining why I am making this payment late. I would greatly appreciate your accepting this payment.

Sincerely,

*Jan M. Dean*

Jan M. Dean  
President  
H & R Advisory Group, Inc.