FILED May 21, 2002 8:00 am Secretary of State

2002 Uniform Business Report (UBR)

DOCUN 1. Entity Name M & M IN	9	# P0000 CE ADVISORS INC.	0046675		/		04-11-200)2 90675 0			
Principal Place of Business 357 6TH AVE W BRADENTON FL 34205			Mailing Address 4022 ROCKERFELLER AVE. SARASOTA FL 34231								
2. Principal Place of Business			3. Mailing Address				N 138634001 HII ODUH ODEH ODUH ODUH ODUH	BELLII OBILLI BELLE (8801 BKI 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPAC	Έ		
City & State			City & State			4. FEIN	Number 65-100	9606	Ap No	plied For t Applicable	
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired See Required					
<u> </u>	6. Name	and Address of Current F	Registered Agent	ed Agent			7. Name and Address of New Registered Agent				
	<u></u>	-Name-									
FREDRICKS, MICHAEL L					Street Address (P.O. Box Number is Not Acceptable)						
357 6TH	ME.	<u> </u>						ĺ			
BRADENTON FL 34205					City			FL	Zip Code	9	
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or registe	ered agent,	or both, in the State of Flori	da.			
		•									Ì
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent aignatura require	d when reinsta	ting)	DATE			}
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of \$				Election Campaign Fina Trust Fund Contribution			O May Be I to Fees	İ
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NAME	FREDRICKS, MICHAEL L										CR2E034 (9/01)
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CITY-ST-ZIP	<u> </u>			и	r-ST-ZIP			S	h at 15 - 1	ula maria m	}
13. I hereby of indicated of the corporate of the corpora	certify that the component of the compon	ne information supplied with ort or supplemental report is the receiver or trustee empo tachment with an address. v	this liling does not qualify to true and accurate and that reled to execute this repor th all other lile empowered	or the exe my signa t as requ t.	emption stated in S ature shall have the ired by Chapter 60	Section 119. same lega 37, Florida S	.07(3)(i), Florida Statutes. I al effect as if made under o Statutes; and that my name	turther certify that I am a appears in Blo	nat the ir n officer ock 11 o	or director r Block 12 if	
SIGNAT	/	Michael	Mede	uc	13) <u> </u>		-10-02				
1		SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Daytim	rmone #	-	í