2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000035268

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FILED Apr 09, 2003 Secretary of State

Entity Name: HEALTH & ESTATE ADVISORS, INC.

Surrent Pi	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
5364 EHRI TAMPA, FI	LICH RD, STE L 33624	50			
Current Mailing Address:			New Mailing Address:		
5364 EHRI TAMPA, FI	LICH RD, STE L 33624	50			
El Number:	: 74-3054413	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
GRAHAM, 5364 EHRI TAMPA, FI	LICH RD, STE				
	named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Ag	ont		
		ic Signature of Registered Ag	ent	Date	
Election Can			eni	Date	
		Trust Fund Contribution ().		Date ES TO OFFICERS AND DIRECTORS:	
	mpaign Financing S AND DIRECT	Trust Fund Contribution (). FORS: Delete D RD, STE 50			
OFFICERS Fitle: Name: Address:	mpaign Financing S AND DIRECT P () GRAHAM, DAVII 5364 EHRLICH TAMPA, FL 336	Trust Fund Contribution (). FORS: Delete D RD, STE 50 24 Delete RD, STE 50	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DAVID GRAHAM	P	04/09/2003