2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P01000062320
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1. Entity Name

FLORIDA EQUITY ADVISORS, INC.



FILED Mar 03, 2003 8:00 am § Secretary of State
03-03-2003 90493 013 ***150.00

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2. Principal Place of Business 400 North Ashley Drive 3. Mailing Address 400 North Ash						y Dri	.ve			80 180 3808 0 19 6 0 2		I Elif I Bill Oli	fi o c fiit		1811 68 11 1881
Suite, Apt. #, etc. Suite 2800 Suite 2800 Suite 2800								CHECK HERE IF MAKING CHANGES							
City & State Tampa, FL City & State Tampa, FL								4. FEI Number 58-2631587							oplied For ot Applicable
33602	Zip Country Zip 33602 USA 33602							5. Certificate of Status Desired \$8.75 Additional Fee Required							
	6. Name	and Address of Current I	Register	ed Agent			_	7. Name	e and	Address o		Registere	ed Ag	ent	
HENDEE	Brett esq					* Name	* · .			ر محق الماسية ا	£″- ≥ *	,- ,s-			√ ऽाक
		SUITE 1770				Street A	ddress (P.	O. Box N	umbe	er is Not Acc	ceptab	ole)			
TAMPA FL		30HE 1770			ĺ					*. <u>-</u>					,
						City						F	-L	Zip Cod	e
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	the purp	ose of changing its	egistere	ed office or	registere	d agent, d	or bot	th, in the Sta	ate of F	Florida. I a	ım far	niliar with,	and accept
SIGNATURE .		or printed name of registered agent a	nd title if app	licable. (NOTE	: Registered	d Agent signati	ure required w	hen reinstatin	na)			DAT	F		
· •	U E NOW!	! FEE IS \$150.00		·	J				-87						
Afte	r May 1, 200	Fee will be \$550.00 Florida Department of	State					9		ection Camp ist Fund Coi					0 May Be to Fees
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12. I hereby co	ertify that the	information supplied with the	his filina a	does not qualify for t	he ever	ntion state	ad in Sooti	on 110 07	7/21/31	. Clasida Ch		I formation of			

indicated on this report or supplied with this tiling 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 frustee empowered to execute this report as required by Chapter 607, 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:

SIGNATURE REQUIRDAVIDADE REULE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

Date

813-233-7300