

02

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV 13 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000079344**

1. Entity Name

The Community Advisor, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10845 KITTEN TRAIL

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 5042

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HUDSON, FL

City & State

HUDSON, FL

4. FEL Number

59-3734052

Applied For

Not Applicable

Zip **34667** Country **USA**

Zip **34674** Country **USA**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **DAWN JOHNSON**

Street Address (P.O. Box Number is Not Acceptable) **10845 KITTEN TRAIL**

City **HUDSON,**

FL

Zip Code **34667**

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

Dawn Johnson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/9/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **P**
NAME **DAWN JOHNSON**
STREET ADDRESS **10845 KITTEN TRAIL**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400008948044
11/13/02--01016--020 **158.75

TITLE **V**
NAME **THOMAS JOHNSON**
STREET ADDRESS **10845 KITTEN TRAIL**
CITY-ST-ZIP **HUDSON, FL. 34667**

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CITY-ST-ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Dawn Johnson **DAWN JOHNSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/02

Date

787 845 0033

Daytime Phone #

21 11/15/02

CR2E034E (12/01)



PHONE: 727-845-0033 FAX: 727-697-0185
EMAIL: DJOHNS98@tampabay.rr.com ONLINE: www.thead-visor.com
P.O. Box 5042, Hudson, FL 34674

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

November 9, 2002

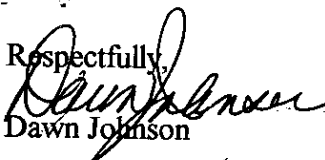
RE: UBR Filing

It appears the UBR filing information sent via US Mail to The Community AD-visor, Document # P01000079344, had not been received in the past.

"The Community AD-visor" has relocated and it seems I have failed to provide the proper address to all contacts and businesses. Please accept my apology.

Please accept the enclosed is a check in the amount of \$158.75 for the UBR filing fee and a Certificate of Status.

Respectfully,


Dawn Johnson

The Community AD-visor
P.O. Box 5042
Hudson, FL 34674-5042

The Community AD-visor
10245 Kitten Trail
Hudson, FL 34667