

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90071 041 \*\*\*150.00

0011941 AT

**DOCUMENT # P01000121892**

1. Entity Name  
**HNW FINANCIAL ADVISORS, INC.**

Principal Place of Business  
**835 CYPRESS VILLAGE DR BLVD**  
**SUN CITY CENTER FL 33573**

Mailing Address  
**835 CYPRESS VILLAGE DR BLVD**  
**SUN CITY CENTER FL 33573**



2. Principal Place of Business  
**835 Cypress Village Blvd / 835 Cypress Village Blvd.**

Suite, Apt. #, etc.  
 City & State  
**SUN City Center, FL**

Zip  
**33573** Country  
**USA**

4. FEI Number Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PICCIONE, MICHAEL**  
**835 CYPRESS VILLAGE DR**  
**SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent  
~~Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City~~

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PICCIONE, MICHAEL</b> <b>835 CYPRESS VILLAGE DR</b> <b>SUN CITY CENTER FL 33573</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Michael A. Piccione  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APRIL 2002 813-404-1400  
 Date Daytime Phone #

CR2E034 (9/01)