2003 FOR PROFIT CORPORATION /

FILED Mar 10, 2003 8:00 am

UN	VIFORM BUSINES	Secretary of State							
DOCUMENT # P02000054603					03-10-2003 90186 043 ***150.00				
1. Entity Name									
AMERICAN	N BRIDGE ADVISORS, INC.	Ź							
Principal Place	of Business	Malling Address	<u> l</u>			16000	400		
320 WEST LAKEVIEW STREET 320 WEST LAKEVIEW STREE									
ORLANDO, FL 32804 New Appresses ORLANDO, FL 32804									
VII.24120(12	7,000 2,000 -	,			 			88138 IIII ISSI	l
2. Principal Place of Business 3. Mairing Address 6645 Cherry Groce CIR P.O. Bux 540									I
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u></u>		☐ CHECK F	IERE IF MAKING CH	ANGES		
Orlando FL. Orlando City & State City & State			<i>FL</i> .		4. FEI Number Applied For				
C≱y & State City & State					4. FET Number 16-1624	173	<u> </u>	Applicable	
Zip 3280	9 Country USA	Zip 32854	Country	USA	5. Certificate of Status Des		.75 Add Require		
	6. Name and Address of Current F				7. Name and Address of I	New Registered Age	nt		1.
ROGERS, MICHAEL F				ame		-			1
320 WEST LAKEVIEW STREET Royers, Michael Fr				treet Address (I	P.O. Box Number Is Not Acce	ptable)			
OBLANDO, FL 32804 GG45 Cherry Grove						<u> </u>			1
				- Cai		F-1	Zip Code	•	ł
a. 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. I am familiar with, and accept								_	
 The above n the obligation 	named entity submits this statement for ons of registered agent.	r egislê red o	ffice or register	ed agent, or both, in the State	of Florida. I am fam	illiar with,	and accept		
A Comment of the comm				•		3-9-	23		
SIGNATURE Signature, typied or primed narman requisitered again and title if applicable (NOTE: Registered Aga					when reinstating)	DATE		2,5%C - 2 to	
j ej	LENOWIL FEE IS \$160.00	K.G.				. 1 Mile . Usis M		Kenesikan]
After I	May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	State	or at a train	1	""9. Election Campai Trust Fund Contr			O May Be to Fees	
The state of the s	OFFICERS AND E		11.	2	ADDITIONS/CHANGES TO	OFFICERS AND DI	RECTORS	2 îN 11	-
10.* F	P		THIE		ADDITIONAL OF INTEREST] Change	Addition	(Z)
NAME F	ROGERS, MICHAEL F above Change of								(10/
STREET ADDRESS 320 WEST LAKEVIEW STREET, SUITE 109 0000 PCS 5			STREET AD City-St-2	I					34
	ORLANDO, FL 32804 VD See		TITLE	ur			1 Change	☐ Addition	CRZE034 (10/02)
NAME F	ROGERS CAMLINH N 4604	Change of	NAME			_	Diemige	Addition	ರ
STREET ADDRESS 3	320 WEST LAKEVIEW STREET,	كى الله 109 SUITE عادة	STREET AD	DRESS					
	ORLANDO, FL 32804		CITY-ST-Z	ŽIP					ļ
TITLE		☐ Delete	TITLE NAME] Change	Addition	
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CITY-ST-2P			Cfty-st-2	tiP .					<u> </u>
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STREET ADDRESS CITY-ST-ZP			CITY-ST-2	I					
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STREET ADDRESS City-St-ZP			STREET AD City-St-2	I		•			

NAME STREET ADDRESS CITY ST-2P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI). 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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NAME ... STREET ADDRESS

CITY-ST-2IP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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Change Addition

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