

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90186 043 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000054603

1. Entity Name
AMERICAN BRIDGE ADVISORS, INC.



00001400

Principal Place of Business
 320 WEST LAKEVIEW STREET
 SUITE 109
 ORLANDO, FL 32804

Mailing Address
 320 WEST LAKEVIEW STREET
 SUITE 109
 ORLANDO, FL 32804

Note! New Addresses

2. Principal Place of Business
 6645 Cherry Grove Cir
 Suite, Apt. #, etc.
 Orlando FL
 City & State

3. Mailing Address
 P.O. Box 540316
 Suite, Apt. #, etc.
 Orlando FL
 City & State



CHECK HERE IF MAKING CHANGES

Zip Country USA Zip Country USA
 32809 Orange 32854 Orange

4. FEI Number **16-1624173** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROGERS, MICHAEL F
 320 WEST LAKEVIEW STREET
 SUITE 109
 ORLANDO, FL 32804

*NEW ADD:
 Rogers, Michael F
 6645 Cherry Grove
 Cir
 Orlando FL 32804.*

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number Is Not Acceptable)
 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **3-9-03**

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$650.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, MICHAEL F 320 WEST LAKEVIEW STREET, SUITE 109 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, CAMLINH N 320 WEST LAKEVIEW STREET, SUITE 109 ORLANDO, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X), 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.

SIGNATURE: *[Signature]* Michael F. Rogers DATE **3-9-03** (407) 851-8150
 Daytime Phone # (New)

CR2E034 (10/02)