

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90186 043 ***150.00

DOCUMENT # P02000054603

1. Entity Name
AMERICAN BRIDGE ADVISORS, INC.



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

00001400

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 32809

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

(NOTE: Registered Agent signature required when reinstating)

3-9-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 *P* ☐ Delete
NAME *See above Change of*
STREET ADDRESS
CITY-ST-ZIP
ROGERS, MICHAEL F
320 WEST LAKEVIEW STREET, SUITE 109
ORLANDO, FL 32804

TITLE *VD* ☐ Delete
NAME *See above Change of*
STREET ADDRESS
CITY-ST-ZIP
ROGERS, CAMLINH N
320 WEST LAKEVIEW STREET, SUITE 109
ORLANDO, FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael F. Rogers* *3-9-03* *(407) 851-8150*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (New)

CR2E034 (10/02)