

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90088 013 \*\*\*150.00

0101496 AV

**DOCUMENT # P02000059056**

1. Entity Name

**ANNUITY ADVISORS, INC.**



Principal Place of Business

**2849 EXECUTIVE DR., SUITE 100  
CLEARWATER FL 33762**

Mailing Address

**2849 EXECUTIVE DR., SUITE 100  
CLEARWATER FL 33762**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**03-0459386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STULL, R. JEFFREY  
602 SOUTH BLVD.  
TAMPA FL 33606**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*President*

*7-20-03*

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
**D JANKOWSKI, JEFFREY J**  
STREET ADDRESS **2849 EXECUTIVE DR., SUITE 100**  
CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-20-03*

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90146588

July 21, 2003

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

RE: Annuity Advisors, Document #P02000059056

To Whom It May Concern:

~~This letter is to request and abatement of the \$400.00 late filing fee for the~~  
aforementioned corporation.

Our office did not receive by mail the original 2003 Uniform Business Report. On or about June 15<sup>th</sup>, 2003 we received the enclosed late 2003 Uniform Business Report and we were unable to file the report prior to the May 1, 2003 deadline.

Since the UBR was not received prior to the May 1, 2003 deadline, we request that the \$400 late filing fee be abated. If you have any further questions, please call me at 727-572-5501.

Thank you for your assistance,



Jeffrey J. Jankowski  
President