

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90121 012 ***150.00

DOCUMENT #

1. Entity Name

#P07661

FFP Advisory Services, Inc.

DO NOT WRITE IN THIS SPACE

636039

2. Principal Place of Business
15455 Conway Rd.

3. Mailing Address
15455 Conway Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Chesterfield, Mo

City & State
Chesterfield, MO

4. FEI Number
43-0989354

Applied For
Not Applicable

Zip
63017

Country
St. Louis

Zip
63017

Country
St. Louis

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

City
Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
CEO/President/Director
Craig A. Junkins
15455 Conway Rd. Chesterfield, MO
63017

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Executive VP/Director/CCO
Rosanne S. Horan
15455 Conway Rd. Chesterfield, MO
63017

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CLO/Secretary/Director
Judy Bruton
15455 Conway Rd. Chesterfield, MO
63017

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO/Director
Jeffrey Yount
15455 Conway Rd. Chesterfield, MO
63017

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

Rosanne S. Horan
Rosanne S. Horan

DMO

Daytime Phone #

3/27/02 (636) 537-1040

CR2E034B (12/01)