

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91220 021 \*\*\*150.00

**DOCUMENT # P93000058755**

1. Entity Name  
**TOWNSEND ADVISORY GROUP, INC.**

001381



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10411 SW 88TH ST.  
 # B201  
 MIAMI FL 33176-1521  
 US

10411 SW 88TH ST.  
 # B201  
 MIAMI FL 33176-1521  
 US

2. Principal Place of Business

3. Mailing Address

2519 Riverview Drive  
 Suite, Apt. #, etc.

2519 Riverview Drive  
 Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number 65-0430507

Applied For

Not Applicable

Zip

32901

Country

USA

Zip

32901

Country

USA

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

TOWNSEND, SAMUEL W. J  
 10411 SW 88TH ST.  
 # B201  
 MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

2519 Riverview Drive

City

Melbourne

FL

Zip Code

32901

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME PTSD  
 STREET ADDRESS TOWNSEND, SAMUEL W JR  
 CITY-ST-ZIP 10411 SW 88TH ST. # B201  
 MIAMI FL 33176

TITLE ☒ Change ☐ Addition  
 NAME 2519 Riverview Drive  
 STREET ADDRESS Melbourne, FL 32901  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL W. TOWNSEND, JR.

5/1/01

321-953-2846

Date

Daytime Phone #

CR2E034 (10/00)