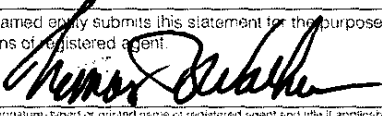
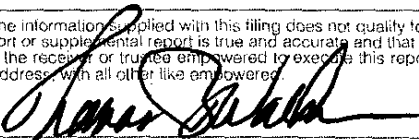


FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90156 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071060			
1. Entity Name FIRST PALM BEACH ADVISORY CO., INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 211 DYER ROAD Suite, Apt. #, etc.		3. Mailing Address 211 DYER ROAD Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33405-1702		Zip 33405-1702	
Country PALM BEACH		Country PALM BEACH	
4. FFL Number 65-0525037		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name THOMAS B. WALKER			
Street Address (P.O. Box Number is Not Acceptable) 211 DYER ROAD			
City WEST PALM BEACH			
State FL			
Zip Code 33405			
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 		DATE May 1, 2003	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 THOMAS B. WALKER		TITLE	
NAME 211 DYER RD		NAME	
STREET ADDRESS WEST PALM BEACH, FL 33405		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 5/1/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034B (12/02)