

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084267

1. Entity Name

FINANCIAL ADVISORY SERVICES, INC.

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90005 050 ***150.00

Principal Place of Business

100 WALLACE AVE
STE 380
SARASOTA FL 34237
US

Mailing Address

100 WALLACE AVE
STE 380
SARASOTA FL 34237
US

2. Principal Place of Business

1737 Palm View Rd

3. Mailing Address

Suite, Apt. #, etc.

PO Box 50594

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0528926

Applied For

Not Applicable

Zip

34240

Country

SARASOTA

Zip

34232

Country

SARASOTA

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

KNOX, PEGGY

100 WALLACE AVE STE 380
SARASOTA FL 34237

Name

KNOX, PEGGY

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

1737 Palm View Rd.

City

SARASOTA

FL

Zip Code

34240

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

Peggy Knox

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/2001

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SEFICK, ELSIE	
STREET ADDRESS	1737 PALM VIEW RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEGGY KNOX	
STREET ADDRESS	1737 PALM VIEW RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Peggy Knox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2001 (941) 377-6691

Date

Daytime Phone #

CR2E034 (10/00)