

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90049 031 \*\*\*150.00

**DOCUMENT # P94000087001**

**1. Entity Name**  
**THE ADVISORY GROUP INC.**

**Principal Place of Business**  
**317 CENTER ST**  
**FERNANDINA BEACH FL 32034**  
**US**

**Mailing Address**  
**P.O. BOX 8180**  
**AMELIA ISLAND FL 32034**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**311 Center St.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**P.O. Box 1128**  
 Suite, Apt. #, etc.

**City & State**  
**Fernandina Beach**  
**Zip** **32034**  
**Country** **USA**

**City & State**  
**Fernandina Beach**  
**Zip** **32035**  
**Country** **USA**

**4. FEI Number** **59-3291659**  
 Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCCRACKEN, JULIE**  
**317 CENTER STREET**  
**FERNANDINA BEACH FL 32034**

**7. Name and Address of New Registered Agent**

**Name** **McCracken, Julie**  
**Street Address (P.O. Box Number is Not Acceptable)** **311 Center St.**  
**City** **Fernandina Beach FL** **Zip Code** **32034**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PVST			<input checked="" type="checkbox"/>
	MCCRACKEN, ROBERT A			
	317 CENTER ST			
	FERNANDINA BCH FL 32034			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PVST			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Robert A. McCracken				
	311 Center St.				
	Fernandina Beach FL 32034				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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

**Jan. 17, 2002** **904 261-1995**  
 Date Daytime Phone #

CR2E034 (9/01)