2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2003 8:00 am

MANATEWINCE, DENNIS 125 WEST MIAMI AVE., SUITE B VENICE FL 34285-2411 TITLE D TUCCILLO, TRAVIS 125 WEST MIAMI AVE., SUITE B VENICE FL 34285-2411 TITLE NAME STREET ADDRESS 125 WEST MIAMI AVE., SUITE B VENICE FL 34285-2411 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE	1. Entity Na	JMENT # P950 BECURITY FINANCIAL ADVI	0006799 SORS, INC.	1		Secreta 1 03-10-2003 90	ry of Sta 0761 010 ***150	
Suite. Apt. #, etc Suite. Apt. #, ofc Chry & State Chry & St	125 WEST	MIAMI AVE SUITE B	125 WEST MIAM	(I AVE., SUITE B		1 (19) (1) (1) (1) (1) (1) (1) (1)	יייייייייייייייייייייייייייייייייייייי	7 7
City & State Ci	2. Principal	Place of Business	3. Mailing Addres	SS				
City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Decired S.8.75 Additional Fee Required S. Certificate of Status Decired S.8.75 Additional Fee Required S. Certificate of Status Decired S.8.75 Additional Fee Required TUCCILLO, TRAVIS 125 WEST MIAMIL AVE. SUITE B VENICE FL 34285 City FL Zip Code	Suite, Apt. #, etc. Suite, Apt. #, etc.					T) CHECK HERE (E MAKING CHANGE	· ·
Zip Country Zip Country S. Certificate of Status Decred Status Decred S. S. 75 Additional Fee Required 16. Name and Address of Gurrent Registered Agent 77-Name and Address of New Registered Agent 77-Name and Address New	City & State City & State					4 FFI Number		Applied For
TUCCILLO, TRAVIS 125 WEST MIAMI AVE. SUITE B VENICE FL 34285 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILL NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE DICILLO, TRAVIS 125 WEST MAMI AVE, SUITE B UCCILLO, TRAVIS 126 WEST MAMI AVE, SUITE B UCCILLO, TRAVIS 127 WENCE FL 34285-2411 Delete MAKE SIRET ADDRESS 127 WENCE FL 34285-2411 Delete MAKE SIRET ADDRESS 128 WEST MAMI AVE, SUITE B UCCILLO, TRAVIS 138 MAKE SIRET ADDRESS 127 WENCE FL 34285-2411 Delete MAKE SIRET ADDRESS 127 WENCE FL 34285-2411 Delete MAKE SIRET ADDRESS 127 WENCE FL 34285-2411 Delete MAKE SIRET ADDRESS 128 WEST MAMI AVE, SUITE B SIRET ADDRESS 129 WENCE FL 34285-2411 Delete MAKE MAKE SIRET ADDRESS 129 WENCE FL 34285-2411 Delete MAKE SIRET ADDRESS 129 WENCE FL 34285-2411 DELETE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	Zip	Country	Zip	Counti	гу		□ \$8.75 A	dditional
TUCCILLO, TRAVIS 125 WEST MIAMI AVE. SUITE B VENICE FL 34285 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ITILE MAKE SIRET ADDRESS OTH-57-2P VENICE FL 34285-2411 Detele MAKE SIRET ADDRESS OTH-57-2P VENICE FL 34285-2411 Detele MAKE SIRET ADDRESS OTH-57-2P TUCCILLO, TRAVIS SIRET ADDRESS OTH-57-2P TIME MAKE SIRET ADDRESS SIRET ADDRESS OTH-57-2P TIME MAKE SIRET ADDRESS SIRET ADDRESS OTH-57-2P TIME MAKE		6. Name and Address of Gurren	t Registered Agent—			7- Name and Address of New Re		
125 WEST MIAMI AVE. SUITE B VENICE FL 34285 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable for registered agent. SIGNATURE Synation. Typic or printed rape of registered agent and the if applicable. NOTE: Repaired Agent algorithmen required when renditating) After May 1, 2003 Fee will be \$550.00 TILL MAKAREWICZ, DENNIS 125 WEST MIAMI AVE., SUITE B WENICE FL 34285-2411 Delete MAKE STRET ADDRESS CITY-ST-7P TILLE Delete MAKE STRET ADDRESS CITY-ST-7P TILLE STRET ADDRESS CITY-ST-7P TILLE CITY-ST-7P TIL	*****				Name		3 - 10 O - 19011	
VENICE FL 34285 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature registered agent and the applicable. INCITE Registered Agent agriculture required when reneating) DATE FILE NOW!!! FEE IS \$150.00	125 WEST MIAMI AVE.				Street Address (P.O. Box Number is Not Acceptable)			
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Superior Name of registered agent and title if explanate. NOTE: Registered Agent agrature requisitors) DATE					<u> </u>		<u> </u>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu					•	1.5.		
Signature, piped or preved name of registered appert and trible if applicable. (NOTE: Registered Agent algorature required when re-ratering) part FILE NOW!!! FEE IS \$150.00 S\$5.00 May De Added to Fees	the obliga	e named entity submits this statement fations of registered agent.	or the purpose of chan	iging its registered	d office or registe	red agent, or both, in the State of Flori	da. I am familiar with	and accept
### Addition May 1, 2003 Fee will be \$550.00 May Be Added to Fees ### May 1, 2003 Fee will be \$550.00 May Be Added to Fees ### Addition	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered A	Agent signature required	d when reinstating)	DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Afte Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o				· 1	- Ψυ.ν)0 May Be d to Fees
MAKAREWICZ, DENNIS 125 WEST MIAMI AVE., SUITE B VENICE FL 34285-2411 TITLE NAME STREET ADDRESS CITY-ST-ZIP TUCCILLO, TRAVIS 125 WEST MIAMI AVE., SUITE B VENICE FL 34285-2411 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZI			DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MAKAREWICZ, DENNIS 125 WEST MIAMI AVE., SUITE B		NAME STREET				Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP	TUCCILLO, TRAVIS 125 WEST MIAMI AVE., SUITE B		NAME STREET			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET	1		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP CITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS	name Street address		Delete	NAME STREET A			☐ Change	☐ Addition
NAME Change Addition STREET ADDRESS STREET ADDRESS	NAME Street Address		☐ Delete	NAME STREET A	. 1		☐ Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET AI CITY-ST-	DDRESS ZIP	,	_ ,	☐ Addition

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 changed, or on an attachment with an address with all other empowered. SIGNATURE: