2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000032770 1. Entity Name FILED Private Asset Advisors, Inc. OO NOV -9 AM 9: 30 Principal Place of Business Mailing Address 80 Chardon Place P.O. Box 770850^ SECRETARY OF STATE Naples, FL 34110 Naples, FL 34107-0850 TALLAHASSEE: FEORIDA USA USA 2. Principal Place of Business 3. Mailing Address 80 Chardon Place P.O. Box 770850 Suite, Apt. #, etc. Suite, Apt. #, etc. Naples, FL 34110 Naples, FL City & State 4. FEI Number City & State Not Applicable 65-0659084 Zip Zip \$8,75 Additional Country 5. Certificate of Status Desired Fee Required 34110 34107 **USA** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - Debra J. Ponczoch Spiegel + Utrera 343 Almeria Avenue Street Address (P.O. Box Number is Not Acceptable) 80 Chardon Place Coral Gables, FL 33134 Zip Code 34110 Naples 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 FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) .-Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **X** Addition TITLE TITLE Delete Debra J. Ponczoch STD NAME Nichols, Mark STREET ADDRESS STREET ADDRESS 9929 Clear Lake Circle, 34109 CITY-ST-ZIP ĆITY - ST - ZIP Change ☐ Delete TITLE TITLE NAME NAME 400003474894--3 STREET ADDRESS STREET ADDRESS -11/27/00--01003--004 CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*750.00 | \*\*\*\*750.00 | ☐ Delete TITLE TITLE NAME NAME .400003474894--3 STREET ADDRESS STREET ADDRESS -11/27/00--01003--005 CITY-ST-ZIP \*\*\*\* 15日 日日 □ Change □ Addition CITY-ST-ZIP \*\*\*\*150**.**00 Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 of 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.

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEDTA J. PONCZOCH 4/20/00 (941)591-1041

SIGNATURE: