

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90157 020 ***150.00

DOCUMENT # P96000039681

1. Entity Name

H. TANNER ADVISORY SERVICES, INC.



Principal Place of Business

**800 LAUREL OAK DR.
SUITE 200
NAPLES FL 34108
US**

Mailing Address

**800 LAUREL OAK DR.
SUITE 200
NAPLES FL 34108
US**

2. Principal Place of Business

8370 Excalibur Circle

3. Mailing Address

P.O. Box 770670

Suite, Apt. #, etc

Suite J6

Suite, Apt. #, etc.

Naples, Florida

Naples, Florida

Zip
34108

Country
USA

Zip
34107

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0680751

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, LANA J
800 LAUREL OAK DR.
SUITE 200
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

SAME

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

**8370 Excalibur Circle
Suite J6**

City **Naples**

FL

Zip Code

34108

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

LANA J. SULLIVAN Lana J. Sullivan

4/3/03

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

NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **DP** ☐ Delete
NAME **TANNER, HANS**
STREET ADDRESS **800 LAUREL OAK DR. #200**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8370 Excalibur Circle, Suite J6**
CITY-ST-ZIP **Naples, Florida 34108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 239-514-4458

Date

Daytime Phone #

CR25034 (10/02)