

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90075 050 ***150.00

DOCUMENT # P96000070153

1. Entity Name
THE FINANCIAL ENGINEERING ALLIANCE, P.A.

Principal Place of Business 2849 EXECUTIVE DR SUITE 160 CLEARWATER FL 33762 US	Mailing Address 2849 EXECUTIVE DR SUITE 160 CLEARWATER FL 33762-5532 US
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2. Principal Place of Business 19577 Feather Sound Dr. Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL Zip 33762 Country USA	3. Mailing Address 19577 Feather Sound Dr. Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL Zip 33762 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3400169	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GREGORY, NICHOLAS L
 462 EQUINE DR
 TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Nicholas L. Gregory* DATE 2/29/00
Signature, typed or printed name of registered agent or agent if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, NICHOLAS L. 462 EQUINE DRIVE TARPON SPRINGS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Nicholas L. Gregory, President* DATE 2/29/00 DAYTIME PHONE # 727-573-0493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)