

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000085549

1. Entity Name
FIDELITY NATIONAL ADVISORS, INCORPORATED

Principal Place of Business

PMB 828
533 S. HOWARD AVENUE
TAMPA
33606 US

Mailing Address

PMB 828
533 S. HOWARD AVENUE
TAMPA
33606 US

2. Principal Place of Business

1725 WEST MARTIN LUTHER KING DRIVE

3. Mailing Address

1725 WEST MARTIN LUTHER KING DRIVE

Suite, Apt. #, etc.
1ST FLOOR

Suite, Apt. #, etc.
1ST FLOOR

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33607

Country
US

Zip
33607

Country
US

4. FEI Number
59-3404544

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOWDEN C A
3837 NORTH DALE BLVD
SUITE 183
TAMPA
33624 US

7. Name and Address of New Registered Agent

Name
BISHOFF DUANE
Street Address (P.O. Box Number is Not Acceptable)
3409 WEST FLETCHER AVENUE
City
TAMPA FL
Zip Code
33618

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 DUANE BISHOFF

04/14/2001

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME ZEBROWSKI WALTER C ☐ Delete
STREET ADDRESS 3837 NORTHDAL BLVD #183
CITY-ST-ZIP TAMPA FL 33624

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ZEBROWSKI WALTER C ☒ Change ☐ Addition
STREET ADDRESS 3409 WEST FLETCHER AVENUE
CITY-ST-ZIP TAMPA FL 33618

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

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

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

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

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

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: Walter C. Zebrowski

PST

04/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)