


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90143 025 \*\*\*150.00

<b>DOCUMENT #</b> <i>P97000036151</i>	
<b>1. Entity Name</b> Wealth Preservation Strategies II, Inc.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 13575 58th St N Suite, Apt. #, etc. 122 City & State Clearwater Zip 33760		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country USA	
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DO NOT WRITE IN THIS SPACE

<b>4. FFL Number</b> <i>59-344831F</i>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>		
	Name <b>Bert Cutler</b>		
	Street Address (P.O. Box Number is Not Acceptable) 13575c 58th St N Ste 122		
	City <b>Clearwater</b>	FL	Zip Code <b>33760</b>

**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 *[Signature]* **VOID**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<b>President</b> Herman Yurman 13575 58 St N #122 Clearwater FL 33760	<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<b>VP</b> Bert Cutler 13575 58 St N #122 Clearwater FL 33760	<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **4-1-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)