

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90091 038 \*\*\*150.00

0470786

DOCUMENT # P97000074013

1. Entity Name

CPA WEALTH ADVISORS, INC.

Principal Place of Business

2811 N.W. 41ST. STREET  
BLDG. C  
GAINESVILLE FL 32606

Mailing Address

2811 N.W. 41ST. STREET  
BLDG. C  
GAINESVILLE FL 32606

2. Principal Place of Business

11801 Research Drive

Suite, Apt. #, etc.

3. Mailing Address

11801 Research Drive

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Alachua, FL

4. FEI Number

59-3520999

Applied For

Not Applicable

Zip

32615

Country

USA

Zip

32615

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS H JR.  
2811 N.W. 41ST. STREET  
BLDG. C  
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name SAME

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

11801 Research Drive

City

Alachua

FL

Zip Code

32615

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

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 DP ☐ Delete  
NAME THOMPSON, DOUGLAS H JR.  
STREET ADDRESS 2416 N.W. 23RD TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ST ☐ Delete  
NAME THOMPSON, WILLIAM W  
STREET ADDRESS 4320 N.W. 69TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32606

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11801 Research Drive  
CITY-ST-ZIP Alachua, FL 32615

TITLE SAME ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11801 Research Drive  
CITY-ST-ZIP Alachua, FL 32615

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)