

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90128 032 ***150.00

DOCUMENT # P97000074695

1. Entity Name

WEALTH ADVISORS OF NORTH FLORIDA, INC.

Principal Place of Business

**4010 N.W. 25TH PLACE
GAINESVILLE FL 32606
US**

Mailing Address

**PO BOX 13442
GAINESVILLE FL 32604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3480661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, JOSEPH W C.P.A.
4010 N.W. 25TH PLACE
GAINESVILLE FL 32604 32606**

Name

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

City

FL

Zip Code

32606

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

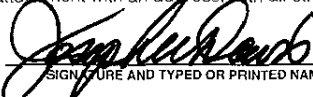
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PST		<input type="checkbox"/> Delete		P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	DAVIS, JOSEPH W C.P.A.	4010 N.W. 25TH PLACE	GAINESVILLE FL 32604				
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MONK, HAROLD L JR.CPA	4010 N.W. 25TH PLACE	GAINESVILLE FL 32604				
	D		<input type="checkbox"/> Delete		D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	GREG GROOMS	2132 NW 3RD PL	GAINESVILLE, FL 32603				
	ST		<input type="checkbox"/> Delete		ST		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	SHELLEN R DAVIS	4010 NW 25TH PL	GAINESVILLE, FL 32604				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**JOSEPH W. DAVIS****2-19-01**

Date

(352) 372-6300

Daytime Phone #

CR2E034 (10/00)