

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90426 035 ***150.00

DOCUMENT #
1. Entity Name **P97000103631**

GLOBAL FINANCIAL ADVISORY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 Chardin Drive
Suite, Apt. #, etc.

3. Mailing Address
101 Chardin Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Nokomis, FL

City & State
Nokomis, FL

4. FEI Number
65-0805924

Applied For
Not Applicable

Zip
34275

Country

Zip
34275

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Geoffrey A. Frazier

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

City **Nokomis** **FL** **34275**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
C
NAME
Geoffrey A. Frazier
STREET ADDRESS
101 Chardin Drive
CITY-ST-ZIP
Nokomis, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
PC
NAME
Rick St. George
STREET ADDRESS
101 Chardin Drive
CITY-ST-ZIP
Nokomis, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoff FRAZIER

4-30-2002

Date

Daytime Phone #

CR2E034B (12/01)