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

DOCUMENT # P97000103631



GLOBAL FINANCIAL ADVISORY, INC.					
DO NOT W	RITE IN THIS SI	PACE	9011932	29	
2. Principal Place of Business  101 Chardin Drive  Suite, Apt. #, etc.	101 Chardin Drive 101 Chardin Drive		DO NOT WRITE IN	I THIS SPACE	
City & State Nokomis, FL	,	City & State Nokomis, FL		Applied For Not Applicable	
Zip 34275 Country	Zip 34275	7in Country		\$8.75 Additional Fee Required	
		Name	7. Name and Address of Current Registered Agent		
Geoffrey /			ffrey A. Frazier		
Street Address (PO. Box Number is Not Acceptable)  IN THIS SPACE  Street Address (PO. Box Number is Not Acceptable)  101 Chardin Drive					
e de Andréa de Carlos de C		City Noko	omis	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. I am lamiliar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of reg	istered agent and title if applicable. (NOTE	E: Registered Agent signature required	when reinstating)	DATÉ	
January 1 - May 1 Fee Is \$1 After May 1, Fee Is \$550. Amended UBR Is \$61.2 Make Check Payable to Florida Depar	00 5		Election Campaign Financi     Trust Fund Contribution.	ng \$5.00 May Be Added to Fees	
<del></del>	ERS AND DIRECTORS				
NAME STREET ADDRESS CITY-ST-ZIP Geoffrey A. Frazi 101 Chardin Drive Nokomis, FL 342	<b>e</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE PC Rick St. George STREET ADDRESS 101 Chardin Drive CITY-ST-ZIP Nokomis, FL 342		TITLE  NAME  STREET ADDRESS  CITY - ST - 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)(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 of 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:	TYPED OR PRINTED NAME OF SIGNING OFFICER OF	Strey FRAZ	1èR 4-15-2003	Daylime Phone #	