

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91182 023 \*\*\*150.00

**DOCUMENT # P97000103679**

1. Entity Name  
**ADVISORS LIFE & HEALTH SERVICES INC.**

Principal Place of Business Mailing Address  
**10764 70TH AVE PO BOX 4156**  
**2103 BAY PINES FL 33744**  
**SEMINOLE FL 33772**

2. Principal Place of Business 3. Mailing Address  
**8315 139th St. N.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Seminole, FL** City & State 4. FEI Number **59-3480124** Applied For  
 Not Applicable

Zip **33776** Country **U.S.** Zip Country 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  
**SMITH, ROBERT W** Name  
**9308 120TH STREET NORTH** Street Address (P.O. Box Number is Not Acceptable)  
**SEMINOLE FL 33772** City **FL** Zip Code

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 \_\_\_\_\_ (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, 2002 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ROBERT W</b>	NAME	<b>Smith, Robert W.</b>
STREET ADDRESS	<b>9308 120TH STREET NORTH</b>	STREET ADDRESS	<b>8315 139th St. N.</b>
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	CITY-ST-ZIP	<b>Seminole, FL 33776</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 or without other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** **4/29/02** **(727) 397-7851**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)