EII ED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105756 1. Entity Name ACQUISITION ADVISORS, INC.					Feb 07, 2001 8:00 am Secretary of State 02-07-2001 90195 043 ***150.00			
Principal Place of Business 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401		Mailing Address 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401			naatavaa			
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410		Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410			FEi Number 65-0818007	N	pplied For ot Applicable	
	6. Name and Address of Current R	egistered Agent			Certificate of Status Desired Name and Address of New Regi	☐ Fee Require		
REGSERV CORP 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401		REG Gar 380		SERV COR ens Corpora PGA Boul	RP.	FL Zip Coc	Je	
8. The above named entity submits this statement for the purpose of changing its regis REGSERV CORP. SIGNATURE By: Lawrence J. Diagond, Vice President 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2001 F.			gent signs	ature required when	JAN	2 9 2001	10 May Be	
(See criteria on back) OFFICERS AND I		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		nt of State	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICE	Adde	d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RENDINA, BRUCE A 222 LAKEVIEW AVE, 17TH FLOOR WEST PALM BEACH FL 33401	□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P CE	0	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DISALVO, PATRICK J 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Garden 3801 P	k J. DiSalvo seCorporate Center GA Boulevard, Suit each Gardens, FL 3	3410	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Garden 3801 P	ce B. Juran s Corporate Center GA Boulevard, Suit each Gardens, FL 3	e 555	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	entify that the information symplicid with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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:

Patrick J. DiSalvo JAN 2 9 2001(54) 630 - 5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE President

Date

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