

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

DOCUMENT # **P98000018028**

1. Entity Name

**MICHAEL TESTONI & COMPANY FINANCIAL  
ADVISORS, INC**



FILED

04 APR 29 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**ONE DONDANVILLE RD**

Suite, Apt. #, etc.

**CO # 116**

City & State

**ST AUGUSTINE FL**

Zip

**32080**

Country

**USA**

3. Mailing Address

**1 DONDANVILLE RD**

Suite, Apt. #, etc.

**CO # 116**

City & State

**ST AUGUSTINE FL**

Zip

**32080**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3504452**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**MICHAEL TESTONI**

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

**ONE DONDANVILLE RD CO # 116**

City

**ST AUGUSTINE FL**

FL

Zip Code

**32080**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**EXISTING REGISTERED AGENT**  
**PRESIDENT**

**4/27/04**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT**  
**MICHAEL TESTONI**  
**ONE DONDANVILLE RD CO # 116**  
**ST AUGUSTINE, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**900034539599**  
**04/29/04--01013--013 \*\*158.75**

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**DO NOT WRITE  
IN THIS SPACE**

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 or 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 empowerment.

SIGNATURE:

**MICHAEL TESTONI, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/04 386 447 1585**

Date

Daytime Phone #

CR2E034B (12/02)