

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90085 050 \*\*\*150.00

**DOCUMENT # P98000075839**

1. Entity Name  
**THE ADVISORY GROUP OF AMERICA INC.**

Principal Place of Business 18132 ROYAL HAMMOCK BLVD NAPLES FL 34114	Mailing Address 18132 ROYAL HAMMOCK BLVD NAPLES FL 34114
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2. Principal Place of Business 533 LA PENINSULA BLVD Suite, Apt. #, etc.	3. Mailing Address 533 LA PENINSULA BLVD Suite, Apt. #, etc.
City & State NAPLES FL	City & State NAPLES FL

Zip 34113-4011	Country USA	Zip 34113-4011	Country USA
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4. FEI Number **36-4241104** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**JACKSON, RALPH E**  
**18132 ROYAL HAMMOCK BLVD**  
**NAPLES FL 34114**

7. Name and Address of New Registered Agent  
 Name **RALPH E. JACKSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**533 LA PENINSULA BLVD**  
 City **NAPLES** FL **34113**

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 *Ralph E. Jackson* **RALPH E. JACKSON** DATE **4-1-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	
TITLE P	<input type="checkbox"/> Delete
NAME JACKSON, JOAN MARIE	
STREET ADDRESS 18132 ROYAL HAMMOCK BLVD	
CITY-ST-ZIP NAPLES FL 34114	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOAN MARIE JACKSON	
STREET ADDRESS 533 LA PENINSULA BLVD	
CITY-ST-ZIP NAPLES FL 34113-4011	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan Marie Jackson* **JOAN MARIE JACKSON** DATE **4/1/01** (941) 389-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)