

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90053 033 \*\*\*150.00

945724



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000075919**

**1. Entity Name**  
**WEALTH ADVISORY GROUP, INC.**

Principal Place of Business <b>611 DRUID ROAD SUITE 105          CLEARWATER FL 33756</b>	Mailing Address <b>611 DRUID ROAD SUITE 105          CLEARWATER FL 33756-3948</b>
---	--

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> <b>59-3530453</b>	<b>APPLIED FOR</b>	Applied For
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**PLATTE, DAVID E**  
**603 INDIAN ROCKS ROAD**  
**BELLEAIR FL 34616**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

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 \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	---

<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WAYLAND, ROBERT</b> <b>611 DRUID ROAD SUITE 105</b> <b>CLEARWATER FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>FERRARA, V R</b> <b>611 DRUID ROAD SUITE 105</b> <b>CLEARWATER FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>BEATTY, JACK</b> <b>7373 N SCOTTSDALE RD A-287</b> <b>SCOTTSDALE AZ 85253</b></del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>BEARD, CHUCK</b> <b>10333 N MERIDIAN #205</b> <b>INDIANAPOLIS IN 46290</b></del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>SPIVEY, ROBERT</b> <b>3733 NATIONAL DR #120</b> <b>RALEIGH NC 27612</b></del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCDONALD, FREDERICK</b> <b>301 EDGEWATER PL #330</b> <b>WAKEFIELD MA 01880</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Robert Wayland, President* **4-12-00 727-462-0404**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)