

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90341 028 \*\*\*150.00

0453335 AV

**DOCUMENT # P98000075919**

1. Entity Name

**WEALTH ADVISORY GROUP, INC.**

Principal Place of Business

**611 DRUID ROAD SUITE 105  
 CLEARWATER FL 33756**

Mailing Address

**611 DRUID ROAD SUITE 105  
 CLEARWATER FL 33756**

2. Principal Place of Business

**905 S. Fort Harrison Ave**

Suite, Apt. #, etc.

3. Mailing Address

**905 S. Fort Harrison Ave**

Suite, Apt. #, etc.

City & State

**Clearwater, FL**

City & State

**Clearwater, FL**

Zip  
**33756**

Country

Zip

**33756**

Country

4. FEI Number

**69-3530953 59-3630453**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

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

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

(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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 WAYLAND, ROBERT  
 611 DRUID ROAD SUITE 105  
 CLEARWATER FL 33756** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD  
 FERRARA, V R  
 611 DRUID ROAD SUITE 105  
 CLEARWATER FL 33756** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 MCDONALD, FREDERICK  
 301 EDGEWATER PL #330  
 WAKEFIELD MA 01880** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**905 S. Fort Harrison Ave.  
 Clearwater, FL 33756**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

CR2E034 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4/30/02 ✓ 727-462-0404