

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P98000083335 ✓
 1. Entity Name
 Windsor Investment Advisors, Inc.

FILED
 00 JUN 27 PM 2:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business
 201 Corporate Blvd.
 Suite, Apt. #, etc.
 415
 City & State
 Boca Raton, FL
 Zip
 33431 Country

3. Mailing Address
 same
 Suite, Apt. #, etc.
 City & State
 Zip Country

6/12/00 90040/035 \$150.00
 DO NOT WRITE IN THIS SPACE

4. FEI Number
 050866013 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name
 Brooks, Robert
 Street Address (P.O. Box Number is Not Acceptable)
 2101 Corporate Blvd.
 Ste 415
 City
 Boca Raton FL Zip Code
 33431

9. 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 *Robert Brooks* DATE 4-30-2000
 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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	NAME	Robert Brooks	
	STREET ADDRESS	3991 Cocoplum Circle	
	CITY-ST-ZIP	Coconut Creek, FL 33063	
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

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 Brooks* DATE: 4-30-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/99)