2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086833

ADVISORY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

Andre N. FEDERASL HIGHWAY

POST OFFICE BOX 811657 **BOCA RATON FL 33481-1657**

..... 105 " RATON FL 33431

| Principal Place of Business | 3. Mailing Address | |
|-----------------------------|---------------------|--|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |

FILED Apr 22, 2000 8:00 am Secretary of State

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| Zip Country Zip Country S. Countr | | | | | | f ibafiaet tim laibt jafft martt anter dater anter | | 18186 1114 | # 1011 (#B) |
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| Zip Country Zip Country S. Countr | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | |
| Signature of the purpose of changing its registered define or registered agent, or both, in the State of Florida. Signature of Country Spouts | City & State | | City & State | | 4. FE | El Number 65-0870473 | 200 | Applied For Not-Applicable | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits mis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Synaths, toped or printe care of registered depart and into a applicable (NOTE Registered Agent synaths required agent, or both, in the State of Florida. SIGNATURE Synaths, toped or printe care of registered depart and into a applicable (NOTE Registered Agent synaths required agent, or both, in the State of Florida. SIGNATURE Synaths, toped or printe care of registered depart and into a applicable (NOTE Registered Agent synaths required agent, or both, in the State of Florida. SIGNATURE Synaths, toped or printe care of registered agent, or both, in the State of Florida. SIGNATURE Synaths, toped or printe care of registered agent, or both, in the State of Florida. SIGNATURE Synaths, toped or printe care of registered agent, or both, in the State of Florida. SIGNATURE Synaths, toped or printe care of registered agent, or both, in the State of Florida. SIGNATURE Synaths, toped or printe care of registered agent, or both, in the State of Florida. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State ITLE NAME YUNGBUTH, DONALD J STREET ADDRESS CITY-ST-2P TITLE Obeles TITLE Obeles TITLE MAKE STREET ADDRESS CITY-ST-2P Change ACCEPTANCE ADDITIONS TOUR ACCEPTA | Zip | Country | Zip | Country | 5. C | ertificate of Status Desired | | 5 Addit | tional |
| GONZALEZ, MELINDA 2424 N. FEDERASL HIGHWAY SUITE 105 BOCA RATON FL 33431 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 Stream of registered agent, or both, in the State of Florida. Signature Stream of registered agent, or both, in the State of Florida. Signature Stream of registered agent, or both, in the State of Florida. Signature Stream of registered agent, or both, in the State of Florida. Signature Stream of registered agent, or both, in the State of Florida. Signature Stream of registered agent, or both, in the State of Florida. Signature Stream of registered agent, or both, in the State of Florida. Signature Stream of Register Stream of registered agent, or both, in the State of Florida. Signature Stream of Register Stream of Registered Agent signature registered agent, or both, in the State of Florida. Signature William of Register Stream of Register Stream of Register Stream of Register Plants (Inc.) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State ITILE OFFICERS AND DIRECTORS IN 11 TILE OFFICERS AND DIRECTORS IN 11 ITILE OFFICERS AND DIRECTORS IN 11 ITILE OFFICERS AND DIRECTORS IN 11 ITILE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 ITILE OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 ITILE OFFICERS AND SITE AGENTS OITY ST 2P ITILE ORDER ORDER AGENTS OITY ST 2P TILE ORDER OITY ST 2P TI | | 6. Name and Address of Current Re | egistered Agent | | 7. N | ame and Address of New Registers | ed Agent | | |
| ### Added to Fe ### SUTE 105 ### BOCA RATON FL 33431 City FL Zip Code | | or realist the second s | | Name | | | <u></u> | | |
| B. 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 Signa | 2424 N. FEDERASL HIGHWAY SUITE 105 | | | (P.O. Bo | | - 1 Zi | in Code | | |
| SIGNATURE Signat | | | | Unity | _ | | <u> </u> | | |
| Make Check Payable to Department of State | SIGNATURE . | Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible | title if applicable (NOTE: Re | egistered Agent signature require | | nstating) DAT 10. Election Campaign Financing | | | |
| TITLE NAME VUNGBLUTH, DONALD J STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM | (See criter | ria on back) | | | ate | ridat i cha contribution. | | Audeu | 10 1 603 |
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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 eath; 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.