

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90152 031 ***150.00

DOCUMENT # P99000006380

1. Entity Name
NATIONAL WEALTH ADVISORS, INC.

Principal Place of Business
5150 TAMiami TR. N., STE. 300
NAPLES FL 34013

Mailing Address
5150 TAMiami TR. N., STE. 300
NAPLES FL 34013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3553998**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

EISENBERG, GLENN N
5150 TAMiami TR. N., STE. 300
NAPLES FL 34013

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **EISENBERG, GLENN M**
 STREET ADDRESS **5150 TAMiami TR. N., STE. 300**
 CITY-ST-ZIP **NAPLES FL 34013**

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

TITLE ☐ Delete
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

Date

239 263-8100

Daytime Phone #

CR2E034 (4/02)

Attachment
Document #
P99000006380

Attachment Document #
First Financial Resources P9900000
5150 N. Tamiami Trail, Suite 300 6380
Naples, FL 34103
(941) 263-8100
Fax (941) 263-1136

from the desk of
Kate Trask

Memorandum

DATE: 7/15/02
TO: Whom It May Concern
COMPANY: _____
FROM: Kate Trask, Office Manager
RE: Uniform Business Report
COMMENTS: We never received the
first package & per your office's
instructions are submitting form
w/o penalty fee.
Thank you