## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

NAPLES FL 34013

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

5150 TAMIAMI TR. N., STE, 300

## P99000006380 DOCUMENT #

1. Entity Name

NAPLES FL 34013

Principal Place of Business

5150 TAMIAMI TR. N., STE. 300

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

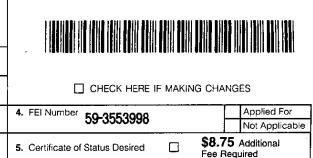
NATIONAL WEALTH ADVISORS, INC.



## **FILED** Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90076 020 \*\*\*150.00

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

7. Name and Address of New Registered Agent							
Name	J	·	*				
Street Addres	ss (P.O. Box f	Number is Not A	cceptable)				
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.

(NOTE: Registered Agent signature required when reinstating)

Country

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

FILE NOW!!! FEE IS \$150.00

Country

6. Name and Address of Current Registered Agent

	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			Trust Fund Contribution. Added to		
10.	OFFICERS AND DIRECTORS		11.	I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS	D EISENBERG, GLENN M 5150 TAMIAMI TR. N., STE. 300 NAPLES FL 34013	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

Delete

☐ Change

☐ Addition