

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104400

1. Entity Name

ADVISORY FINANCIAL SERVICES, INC.

Principal Place of Business

5100 N.OCEAN BLVD.
SUITE 509
FT. LAUDERDALE FL 33308

Mailing Address

5100 N.OCEAN BLVD.
SUITE 509
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0966171

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONVISSAR, LISA
5100 N.OCEAN BLVD.
SUITE 509
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

ERIC YANKWIT
Street Address (P.O. Box Number is Not Acceptable)

1086 S MILITARY TRL #102

DEERFIELD BEACH FL

Zip Code 33442

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/01

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, 2001 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

TITLE D ☐ Delete
NAME CONVISSAR, LISA
STREET ADDRESS 5100 N.OCEAN BLVD. SUITE 509
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☒ Change ☐ Addition
NAME ERIC YANKWIT
STREET ADDRESS 1086 S MILITARY TRL #102
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/01

Date

763-2829

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90960 041 ***150.00

545364



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)