

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90316 023 \*\*\*150.00

**DOCUMENT # F01000005652**

1. Entity Name  
**INVESTMENT MANAGEMENT ADVISORY GROUP, INC.**

Principal Place of Business      Mailing Address  
**886 VAUGHN ROAD**      **886 VAUGHN ROAD**  
**POTTSTOWN PA 19465**      **POTTSTOWN PA 19465**



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      Applied For  
**23-2705088**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name  
**SCHIFINO & FLEISCHER P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**ONE TAMPA CITY CENTER**

**201 N. FRANKLIN ST., SUITE 2700**

City **TAMPA**      FL      Zip Code **33602-5174**

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 *Lisa Angelica*      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKHART, DAVID J</b>	NAME	
STREET ADDRESS	<b>886 VAUGHN ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POTTSTOWN PA 19465</b>	CITY-ST-ZIP	
TITLE	<b>ST.</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STALLONE, MARTIN J</b>	NAME	
STREET ADDRESS	<b>886 VAUGHN ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POTTSTOWN PA 19465</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, E. GILBERT</b>	NAME	
STREET ADDRESS	<b>886 VAUGHN ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POTTSTOWN PA 19465</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RASMUSSEN, ROBERT H</b>	NAME	<b>RASMUSSEN, ROBERT H.</b>
STREET ADDRESS	<b>575 LEXINGTON AVENUE, SUITE 140</b>	STREET ADDRESS	<b>390 PLANDOME ROAD, SUITE 222</b>
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	CITY-ST-ZIP	<b>MANHASSET, NY 11030</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *David J Eckhart*      **DAVID J ECKHART**      1-11-02      (610)326-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)