

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90055 006 ***150.00

DOCUMENT # L34626

1. Entity Name
TRIAD ADVISORS, INC.

Principal Place of Business 3500 PARKWAY LANE SUITE 220 NORCROSS GA 30092 US	Mailing Address 3500 PARKWAY LANE SUITE 220 NORCROSS GA 30092 US
---	---

001043



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 **65-0173164**

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

**BRUDERMAN, ROBERT
 551 NW 77TH ST
 SUITE 100
 BOCA RATON FL 33487**

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.

SIGNATURE _____ 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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	HIXON, BARRY C.	789 S. FEDERAL HWY	STUART FL	<input type="checkbox"/> Delete			
P	METTELMAN, MARK	3500 PARKWAY LANE STE 320	NORCROSS GA 30092	<input type="checkbox"/> Delete			
ST	BRUDERMAN, ROBERT	551 NW 77TH ST, STE 100	BOCA RATON FL 33487	<input type="checkbox"/> Delete			
D	SMITH, CRAIG	3029 GAVIN PLACE	DULUTH GA 30096	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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: *Mark Mettelman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2001 1108400363
 Date Daytime Phone #

CR2E034 (10/00)