

**FORM ADV****UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS****Primary Business Name: SICKLE HUNTER FINANCIAL ADVISORS****CRD Number: 172256****Other-Than-Annual Amendment - Item 1 Identifying Information****Rev. 10/2021****5/18/2022 2:55:45 PM**

**WARNING:** Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

**Item 1 Identifying Information**

Responses to this Item tell us who you are, where you are doing business, and how we can contact you. If you are filing an *umbrella registration*, the information in Item 1 should be provided for the *filing adviser* only. General Instruction 5 provides information to assist you with filing an *umbrella registration*.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):

**SICKLE HUNTER FINANCIAL ADVISORS, INC.**

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.

**SICKLE HUNTER FINANCIAL ADVISORS**

*List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.*

(2) If you are using this Form ADV to register more than one investment adviser under an *umbrella registration*, check this box ☐

*If you check this box, complete a Schedule R for each relying adviser.*

C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of

☐ your legal name or ☐ your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number:

(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:

(3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

No Information Filed

E. (1) If you have a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system, your CRD number: **172256**

*If your firm does not have a CRD number, skip this Item 1.E. Do not provide the CRD number of one of your officers, employees, or affiliates.*

(2) If you have additional CRD Numbers, your additional CRD numbers:

No Information Filed

F. *Principal Office and Place of Business*

(1) Address (do not use a P.O. Box):

Number and Street 1:

1646 W SNOW AVENUE

City:

State:

Number and Street 2:

SUITE 144

Country:

ZIP+4/Postal Code:

TAMPA

Florida

United States

33606

If this address is a private residence, check this box: ☐

*List on Section 1.F. of Schedule D any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest twenty-five offices in terms of numbers of employees as of the end of your most recently completed fiscal year.*

(2) Days of week that you normally conduct business at your *principal office and place of business*:

☒ Monday - Friday ☐ Other:

Normal business hours at this location:

9-5

(3) Telephone number at this location:

8133216423

(4) Facsimile number at this location, if any:

(877)-486-1037

(5) What is the total number of offices, other than your *principal office and place of business*, at which you conduct investment advisory business as of the end of your most recently completed fiscal year?

0

G. Mailing address, if different from your *principal office and place of business* address:

Number and Street 1:

1646 W SNOW AVENUE

Number and Street 2:

SUITE 144

City:

TAMPA

State:

Florida

Country:

United States

ZIP+4/Postal Code:

33606

If this address is a private residence, check this box: ☐

H. If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

**Yes No**

I. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)? ☒ ☐

*If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on Section 1.I. of Schedule D. If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses of websites or accounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (e-mail) addresses of employees or the addresses of employee accounts on publicly available social media platforms.*

J. Chief Compliance Officer

(1) Provide the name and contact information of your Chief Compliance Officer. If you are an *exempt reporting adviser*, you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.

Name:

TRAVIS SICKLE

Other titles, if any:

MANAGING MEMBER

Telephone number:

(813) 321-6423

Facsimile number, if any:

877-486-1037

Number and Street 1:  
1646 W SNOW AVENUE

Number and Street 2:  
SUITE 144

City:  
TAMPA

State:  
Florida

Country:  
United States

ZIP+4/Postal Code:  
33606

Electronic mail (e-mail) address, if Chief Compliance Officer has one:  
TRAVIS.SICKLE@SICKLEHUNTER.COM

(2) If your Chief Compliance Officer is compensated or employed by any *person* other than you, a *related person* or an investment company registered under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the *person's* name and IRS Employer Identification Number (if any):

Name:

IRS Employer Identification Number:

- K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.

Name:

KATIE SICKLE

Titles:

ASSISTANT FINANCIAL ADVISOR

Telephone number:  
8133216423

Facsimile number, if any:  
877-486-1037

Number and Street 1:  
204 S OBRIEN STREET

Number and Street 2:

City:  
TAMPA

State:  
Florida

Country:  
United States

ZIP+4/Postal Code:  
33609

Electronic mail (e-mail) address, if contact person has one:  
TRAVIS.SICKLE@SICKLEHUNTER.COM

Yes No

- L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law, somewhere other than your *principal office and place of business*? ☒ ☐

If "yes," complete Section 1.L. of Schedule D.

Yes No

- M. Are you registered with a *foreign financial regulatory authority*? ☐ ☒

Answer "no" if you are not registered with a foreign financial regulatory authority, even if you have an affiliate that is registered with a foreign financial regulatory authority. If "yes," complete Section 1.M. of Schedule D.

Yes No

- N. Are you a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934? ☐ ☒

Yes No

- O. Did you have \$1 billion or more in assets on the last day of your most recent fiscal year? ☐ ☒

If yes, what is the approximate amount of your assets:

- ☐ \$1 billion to less than \$10 billion  
☐ \$10 billion to less than \$50 billion  
☐ \$50 billion or more

For purposes of Item 1.O. only, "assets" refers to your total assets, rather than the assets you manage on behalf of clients. Determine your total assets using the total assets shown on the balance sheet for your most recent fiscal year end.

P. Provide your *Legal Entity Identifier* if you have one:

A *legal entity identifier* is a unique number that companies use to identify each other in the financial marketplace. You may not have a *legal entity identifier*.

**SECTION 1.B. Other Business Names**

No Information Filed

**SECTION 1.F. Other Offices**

No Information Filed

**SECTION 1.I. Website Addresses**

List your website addresses, including addresses for accounts on publicly available social media platforms where you control the content (including, but not limited to, Twitter, Facebook and/or LinkedIn). You must complete a separate Schedule D Section 1.I. for each website or account on a publicly available social media platform.

Address of Website/Account on Publicly Available Social Media Platform: [HTTPS://WWW.FACEBOOK.COM/SICKLEHUNTERFA/](https://www.facebook.com/sicklehunterfa/)

Address of Website/Account on Publicly Available Social Media Platform: [HTTP://WWW.SICKLEHUNTER.COM/](http://www.sicklehunter.com/)

Address of Website/Account on Publicly Available Social Media Platform: [HTTPS://WWW.LINKEDIN.COM/COMPANY/1727172/](https://www.linkedin.com/company/1727172/)

Address of Website/Account on Publicly Available Social Media Platform: [HTTPS://TWITTER.COM/SICKLEHUNTERFA](https://twitter.com/sicklehunterfa)

Address of Website/Account on Publicly Available Social Media Platform: <https://www.youtube.com/travissickle>

Address of Website/Account on Publicly Available Social Media Platform: [https://www.instagram.com/sicklehunter\\_fa](https://www.instagram.com/sicklehunter_fa)

Address of Website/Account on Publicly Available Social Media Platform: <https://www.tiktok.com/@travissickle>

Address of Website/Account on Publicly Available Social Media Platform: <https://www.instagram.com/travistsickle>

Address of Website/Account on Publicly Available Social Media Platform: <https://mobile.twitter.com/travissickle>

**SECTION 1.L. Location of Books and Records**

Complete the following information for each location at which you keep your books and records, other than your *principal office and place of business*. You must complete a separate Schedule D, Section 1.L. for each location.

Name of entity where books and records are kept:  
DTRAVIS SICKLE

Number and Street 1:  
1646 W SNOW AVENUE

Number and Street 2:  
SUITE 144

City:  
TAMPA

State:  
Florida

Country:  
United States

ZIP+4/Postal Code:  
33606

If this address is a private residence, check this box: ☐

Telephone Number:  
8133216423

Facsimile number, if any:

This is (check one):

- ☒ one of your branch offices or affiliates.  
☐ a third-party unaffiliated recordkeeper.  
☐ other.

Briefly describe the books and records kept at this location.  
NONE.

**SECTION 1.M. Registration with Foreign Financial Regulatory Authorities**

No Information Filed