2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F90501 DOCUMENT

1. Entity Name

ADVANCED BUSINESS PRODUCTS, INC.



FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90104 022 ***150.00

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Principal Place of Business 2539 COOLIDGE AVENUE ORLANDO FL 32804	;	Mailing Address 2539 COOLIDGE AVENU ORLANDO FL 32804	E				
						alan aran aran	ALAN ALDIE HELL
2. Principal Place of Business	3.	Mailing Address		-			
Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.		\dashv	☐ CHECK HERE IF MAKIN	IG CHANGES	3
City & State		City & State		4.	FEI Number 59-2202703		pplied For
Zip C	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac	
6. Name and	Address of Current Regis	stered Agent	<u> </u>	7 1	Name and Address of New Registered	Fee Requir	ed
•		g-	Name		Tame and Address of New Registered	Agent	<u>.</u>
ACORD, LARRY J							·
3310 E ESTHER ST			Street Addres	ss (P.O. B	ox Number is Not Acceptable)		
ORLANDO FL 32806							****
			City		FL	Zip Cod	de
8. The above named entity sub	omits this statement for the s	ourpose of changing its	s registered office or regis	tered ag	ent, or both, in the State of Florida. I am		
the obligations of registered	agent.		registates since of regis	ncica ag	ent, or boar, in the State of Florida. Tani	ramılar with,	and accept
SIGNATURE							
Signature, typed or prin	ited name of registered agent and title	if applicable. (NO)	E: Registered Agent signature requ	ired when re	instating) DATE		
FILE NOW!!! F	EE IS \$150.00	1					
After May 1, 2003 F							
make check rayable to Flo	ee will be \$550.00 rida Department of State	e		i	Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
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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 trusted 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 advises, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

528 ORANGE DR, APT 21

ALTAMONTE SPRINGS FL 32701

☐ Delete

Change

☐ Addition