

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90059 016 ***150.00

0370684

DOCUMENT # H72601

1. Entity Name
ADVANCE ALTERNATOR SERVICE INC.

Principal Place of Business
 1750 N. HERCULES AVE
 1750 N HERCULES
 CLEARWATER FL 33765
 US

Mailing Address
 1750 N. HERCULES
 1750 N. HERCULES AVE. N.
 CLEARWATER FL 33765
 US



2. Principal Place of Business
 1902 Sherwood St
 Suite, Apt. #, etc.

3. Mailing Address
 1902 Sherwood St.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Clearwater, FL

City & State
 Clearwater, FL

4. FEI Number **59-2573098** Applied For
 Not Applicable

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

Zip 33765 Country Zip 33765 Country

6. Name and Address of Current Registered Agent
 SIMMONS, RICHARD W
 1750 N. HERCULES AVE. N.
 CLEARWATER FL 34625

7. Name and Address of New Registered Agent
 Name **John Hicks**
 Street Address (P.O. Box Number is Not Acceptable)
 1902 Sherwood St.
 City **Clearwater** FL Zip Code **33765**

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

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	P SIMMONS, RICHARD W 1078 N IDLEWILD DR DUNEDIN FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Hicks 1902 Sherwood St. Clearwater, FL 33765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SIMMONS, ROBIN M 1078 N IDLEWILD DR DUNEDIN FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS Sieglinda T. Hicks 1902 Sherwood St. Clearwater, FL 33765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John Hicks* **John Hicks** Jan 25, 2001 727-442-6344
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)