

DM: RANDALL M STAFMAN CPA PA

PHONE NO. : 3055516196

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90004 033 ***150.00

DOCUMENT # P00000021705

1. Entity Name

A ADVANCED SUPERIOR PHONE AND DATA, INC.

Principal Place of Business

1936 EDGEWOOD DRIVE
 NAVARRE FL 32566

Mailing Address

1936 EDGEWOOD DRIVE
 NAVARRE FL 32566

656268



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. Fed Number

59-3630565

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

A ADVANCED SUPERIOR PHONE & DATA INC
 1936 EDGEWOOD DRIVE
 NAVARRE FL 32566

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

Signature, typed or printed name of registered agent and use if applicable

(If TC, Reg. Agent is required to be included when applicable)

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
 AND MAY 15, 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 PD
 NAME LOWERY, CHARLES NEAL
 STREET ADDRESS 1936 EDGEWOOD DRIVE
 CITY-STATE-ZIP NAVARRE FL 32566

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE VP
 NAME DALE LOWRY, ARRON
 STREET ADDRESS 1936 EDGEWOOD DRIVE
 CITY-STATE-ZIP NAVARRE FL 32566

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

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 registered or proposed limited liability company for which this report is required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with or without the empowerment.

SIGNATURE:

CHARLES NEAL LOWERY

4-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy State

PHS \$150.00