

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90230 007 \*\*\*150.00

NS776790 ED

**DOCUMENT # P01000009458**

1. Entity Name  
**ADVISOR SERVICES, INC.**



Principal Place of Business  
2917 W SR 434 STE 131  
LONGWOOD FL 32779

Mailing Address  
2917 W SR 434 STE 131  
LONGWOOD FL 32779



2. Principal Place of Business  
**407 Wekiva Springs Rd**

3. Mailing Address  
**407 Wekiva Springs Rd**

Suite, Apt. #, etc.  
**Ste 221**

City & State  
**Longwood FL**

Country  
**Seminole**

4. FEI Number **59-3695234**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BATEMAN, TIM**  
2917 W SR 434 STE 131  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name  
**Tim Bateman**

Street Address (P.O. Box Number is Not Acceptable)  
**407 Wekiva Springs Rd, Ste 221**

City **Longwood** FL Zip Code **32779**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>PTS</b>	<input type="checkbox"/> Delete
NAME <b>BATEMAN, TIMOTHY</b>	
STREET ADDRESS <b>536 DEW DROP COVE</b>	
CITY-ST-ZIP <b>CASSELBERRY FL 32707</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete
NAME <b>MCCONNELL, BARRY</b>	
STREET ADDRESS <b>207 HICKORY DR</b>	
CITY-ST-ZIP <b>LONGWOOD FL 32779</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Timothy Bateman</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 trustee 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 address, with all other like empowered.

SIGNATURE: Timothy Bateman **TIMOTHY BATEMAN** 1/16/03 407-862-6466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)