

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90050 006 ***150.00

DOCUMENT # **P02000045005**

1. Entity Name
ADVANCED CNC MANUFACTURING, INC.



Principal Place of Business
**5401 CENTRAL AVENUE
ST PETERSBURG FL 33710**

Mailing Address
**5401 CENTRAL AVENUE
ST PETERSBURG FL 33710**

2. Principal Place of Business
7303 124th Avenue N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State

4. FEI Number
61-1412132

Applied For
Not Applicable

Zip
33773

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCATEE, CAROL
ACCOUNTING CONSULTANTS
5401 CENTRAL AVENUE
ST PETERSBURG FL 33710**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARROSSO, MIGUEL A 5401 CENTRAL AVENUE ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7303 124th Avenue N. Largo, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 live employees.

SIGNATURE: **SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/26/03** Daytime Phone # **727-531-3013**

CR2E034 (4/03)

Attachment

801411195
P0200045005

Advanced CNC Manufacturing, Inc.

September 8, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

~~Enclosed please find our completed 2003 Uniform Business Report and check # 1944 for \$150.00.~~

We could not file the first 2003 uniform report distributed since we never received it by mail. We have contacted a representative of the Corporate Uniform Business Report Office to explain the situation and she advised us to send a letter explaining our situation along with a check for the amount already mentioned. We have changed our address in the form to prevent this error from happening again and hope that the new fee of \$550.00 applied could be waived.

Thank you very much for all your cooperation. If you need to contact me do not hesitate to call me at (727) 531-3013 / (727) 531-3089.

Sincerely,


Maria Carrosso