2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # J24097** 1. Entity Name ADVANCED-TECH, INC. 02-01-2000 90115 030 ***150.00 Mailing Address Principal Place of Business 2491 WATERSIDE DRIVE 2491 WATERSIDE DRIVE LAKE WORTH FL 33461-2561 LAKE WORTH FL 33461 00013471 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2901236 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BIGGS, RANDOLPH WARD** Street Address (P.O. Box Number is Not Acceptable) 2491 WATERSIDE DRIVE LAKE WORTH FL 33461 Zip Code City 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 Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE ☐ Change ☐ Addition TITLE BIGGS, RANDOLPH WARD NAME NAME STREET ADDRESS 2491 WATERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL ☐ Change Addition Delete TITI F TITLE **BIGGS, RANDOLPH WARD** NAME NAME 2491 WATERSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition -TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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. OFFICER OR DIRECTOR