

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91768 001 ***158.75

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DOCUMENT # P02000017947

1. Entity Name
ADVANCED HOME SERVICES, INC.



Principal Place of Business
258 EAST JACKSON AVENUE
MOUNT DORA FL 32757

Mailing Address
258 EAST JACKSON AVENUE
MOUNT DORA FL 32757



2. Principal Place of Business

3. Mailing Address

5208 Albert Rd

5208 Albert Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Fruitland Park, FL

City & State

Fruitland Park, FL

4. FEI Number

03-0389396

Applied For

Not Applicable

Zip

34731

Country

Lake

Zip

34731

Country

Lake

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

Christina E. Arthur Treasurer

4-29-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMILTON, JANELLE-A	
STREET ADDRESS	258 EAST JACKSON AVENUE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HONEYCUTT, LARRY	
STREET ADDRESS	258 EAST JACKSON AVENUE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARTHUR, MICHAEL	
STREET ADDRESS	258 EAST JACKSON AVENUE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARTHUR, CHRISHNA E	
STREET ADDRESS	258 EAST JACKSON AVENUE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COX, DONALD	
STREET ADDRESS	258 EAST JACKSON AVENUE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janelle A. Hamilton	
STREET ADDRESS	5208 Albert Rd.	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Arthur	
STREET ADDRESS	5208 Albert Rd.	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	Treasurer/office manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina E. Arthur	
STREET ADDRESS	5208 Albert Rd.	
CITY-ST-ZIP	Fruitland Park, FL 34731	
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:

Christina E. Arthur Treasurer 4-29-03

352-315-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)