

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 411857

1. Entity Name

ADVANCED ELECTRONIC SYSTEMS INC

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90003 030 ***150.00

Principal Place of Business

112 GRACE AVE
P.O. BOX 1101
COCOA FL 32923

Mailing Address

112 GRACE AVE
P.O. BOX 1101
COCOA FL 32923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1421211

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

FERGUSON, JAN S.
112 GRACE AVE
COCOA FL 32922

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PVS
FERGUSON, JAN S.
112 GRACE AVE.
COCOA FL 32922 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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112 GRACE AVE.
COCOA FL 32922 ☐ Delete

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☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-25-2000 321-639-5157

CR2E034 (5/00)

Attachment # 411857
OWK 683

I AM REFILING THIS REPORT SINCE I
DID NOT SIGN THE FIRST CHECK AND IT
GOT LOST SOMEWHERE ON ITS WAY BACK TO
ME TO GET SIGNED.

Jon Ferguson