2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 478831 Apr 23, 2000 8:00 am Secretary of State 1. Entity Name ADVANCE BUILDERS CORP. 04-23-2000 90024 030 ***150.00 Mailing Address Principal Place of Business 3939 NE 5TH AVE 3939 NE 5TH AVE G-102 BOCA RATON FL 33431-4554 **BOCA RATON FL 33431** 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 59-1605154 Not Applicable Country **\$8.75** Additional 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 MUCHA, MICHAEL L. Street Address (P.O. Box Number is Not Acceptable) **3939 NE 5TH AVE** G-102 **BOCA RATON FL 33431** 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 Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 10. Election Campaign Financing 8. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS:\$150.00 \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Addition PDS ☐ Delete TITLE ☐ Change TITLE MUCHA, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 3939 NE 5TH AVE, G-102 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** ☐ Change ☐ Addition ☐ Delete TITI F NAME KLINE, CAROLYN K. STREET ADDRESS STREET ADDRESS 3939 NE 5TH AVE, G-102 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: SIGNATURE AND TWEET OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/17/200

,56/-326-3350 Jacobs

Change

☐ Addition