

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90287 002 \*\*\*150.00

**DOCUMENT # 478831**

1. Entity Name  
**ADVANCE BUILDERS CORP.**

Principal Place of Business  
**475 HIGH POINT BLVD. NO.**  
**APT. C**  
**DELRAY BCH. FL 33445**

Mailing Address  
**475 HIGH POINT BLVD. NO.**  
**APT. C**  
**DELRAY BCH. FL 33445**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1605154**

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

**MUCHA, MICHAEL L.**  
**3939 NE 5TH AVE**  
**G-102**  
**BOCA RATON FL 33431**

## 7. Name and Address of New Registered Agent

Name **MUCHA, MICHAEL L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**475 HIGH POINT BLVD. NO. APT. C**  
 City **DELRAY BEACH.** FL Zip Code **33445**

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 *Michael L. Mucha* **PRESIDENT MICHAEL L. MUCHA, 4/5/02**  
 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE	PDS	<input checked="" type="checkbox"/> Delete
NAME	MUCHA, MICHAEL	
STREET ADDRESS	3939 NE 5TH AVE, G-102	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KLINE, CAROLYN K.	
STREET ADDRESS	3939 NE 5TH AVE, G-102	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCHA, MICHAEL L.	
STREET ADDRESS	475 HIGH POINT BLVD. NO. APT. C.	
CITY-ST-ZIP	DELRAY BEACH. FL. 33445	
TITLE	ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, CAROLYN K.	
STREET ADDRESS	475 HIGH POINT BLVD. NO. APT. C.	
CITY-ST-ZIP	DELRAY BEACH. FL. 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Michael L. Mucha* **MICHAEL L. MUCHA PRESIDENT 4/5/02, 561-326-3330**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **PAGE 5**

CR2E034 (9/01)