

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90173 028 ***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**



2. Principal Place of Business
4755 NW 3RD CT.

3. Mailing Address
4755 NW 3RD CT.

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

City & State
DELRAY BCH., FL.

City & State
DELRAY BCH., FL.

Zip
33445

Country
USA

Zip
33445

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1605154**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MUCHA, MICHAEL L.
473 HIGH POINT BLVD N
APT C
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4755 NW 3RD CT. # B
DELRAY BCH., FL.
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PDS MUCHA, MICHAEL 475 HIGH POINT BLVD NORTH APT C DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLINE, CAROLYN K. 475 HIGH POINT BLVD NORTH APT C DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4755 NW 3RD CT. # B DELRAY BCH., FL. 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Michael Mucha** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAGER
APRIL 1, 2003 (561) 326-3330
Date Daytime Phone #

CR2E034 (10/02)