

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90116 034 ***150.00

00000667



DO NOT WRITE IN THIS SPACE

DOCUMENT # 507272

1. Entity Name
ADVANCE TAX SERVICE INC.

Principal Place of Business
450 S. MILITARY TRAIL
WEST PALM BCH FL 33415-2810

Mailing Address
450 S. MILITARY TRAIL
WEST PALM BCH FL 33415-2810

2. Principal Place of Business
440 S military Tr
 Suite, Apt. #, etc.

3. Mailing Address
440 S military Trail
 Suite, Apt. #, etc.

City & State
WPB, FL

City & State
West Palm Beach FL

4. FEI Number **59-1605616**

Applied For
 Not Applicable

Zip **33415**

Country **Palm Beach**

Zip **33415**

Country **Palm Beach**

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

6. Name and Address of Current Registered Agent

LEFAVOR, GLENDA
1211 GULFSTREAM WAY
SINGER ISLAND, FL
33404

7. Name and Address of New Registered Agent

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 _____ (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, 2000 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	V	<input type="checkbox"/> Delete
NAME	LEFAVOR, FRANKLIN A	
STREET ADDRESS	1211 GULFSTREAM WAY	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEFAVOR, GLENDA A	
STREET ADDRESS	1211 GULFSTREAM WAY	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEFAVOR, GLENDA A	
STREET ADDRESS	1211 GULFSTREAM WAY	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEFAVOR, FRANKLIN A	
STREET ADDRESS	1211 GULFSTREAM WAY	
CITY-ST-ZIP	SINGER ISLAND FL	
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	<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	
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:

Glenda A. Lefavor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00
 Date

Daytime Phone #

CR2E034 (9/99)