

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90824 023 ***150.00

0040874
AV

DOCUMENT # F00000000539

1. Entity Name
ADVANCED GROUP PLANS, INC.



Principal Place of Business
3030 HARTLEY ROAD, SUITE 140
JACKSONVILLE FL 32257
US

Mailing Address
3030 HARTLEY ROAD, SUITE 140
JACKSONVILLE FL 32257
US



2. Principal Place of Business

445-26 SR 13
Suite, Apt. #, etc.
471

3. Mailing Address

445-26 SR 13
Suite, Apt. #, etc.
471

☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
62-1582596

Applied For
Not Applicable

Zip
32259
Country
St. Johns

Zip
32259
Country
32259

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

6. Name and Address of Current Registered Agent

WOOD, VERNON J JR.
3030 HARTLEY ROAD, SUITE 140
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
445-26 SR 13
471
City
Jacksonville FL
Zip Code
32259

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
PD
NAME
WOOD, VERNON J JR.
STREET ADDRESS
3030 HARTLEY ROAD, SUITE 140
CITY-ST-ZIP
JACKSONVILLE FL 32257

☐ Delete

TITLE
SD
NAME
BUTLER, RONALD E SR.
STREET ADDRESS
2476 CLIFFTOPS AVE.
CITY-ST-ZIP
MONTEAGLE TN 37356

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
445-26 SR 13, # 471
Jacksonville, FL 32259

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03 904-230-1513

CR2E034 (10/02)