

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F90207

1. Entity Name

ADVANCED OVERHEAD SYSTEMS INCORPORATED

Principal Place of Business

3510 CRAFTSMAN BLVD
PO BOX 5498
LAKELAND FL 33807

Mailing Address

3510 CRAFTSMAN BLVD
PO BOX 5498
LAKELAND FL 33807-5498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3193520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRELL, WILLIAM Y
3510 CRAFTSMAN BLVD.
LAKELAND, FL

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	HARRELL, WILLIAM Y	4910 LUCE ROAD	LAKELAND FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	HARRELL, MARY LOUISE	4910 LUCE ROAD	LAKELAND FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	HASLEY, STEVEN J. SR.	675 E, HAINES BLVD.	LAKE ALFRED FL 33850	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

William Y. Harrell
WILLIAM Y. HARRELL

3-15-00

Date

863-667-3757

Daytime Phone #

CR2E034 (9/99)