

**2001 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**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

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**HARRELL, WILLIAM Y  
3510 CRAFTSMAN BLVD.  
LAKELAND FL**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**

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, 2001 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 ☐ Delete  
NAME VD  
STREET ADDRESS HARRELL, WILLIAM Y  
CITY-ST-ZIP 4910 LUCE ROAD  
LAKELAND FLTITLE ☐ Delete  
NAME STD  
STREET ADDRESS HARRELL, MARY LOUISE  
CITY-ST-ZIP 4910 LUCE ROAD  
LAKELAND FLTITLE ☐ Delete  
NAME V  
STREET ADDRESS HASLEY, STEVEN J. SR.  
CITY-ST-ZIP 675 E, HAINES BLVD.  
LAKE ALFRED FL 33850TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90062 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)