

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F93000000718****1. Entity Name**  
**ADVANTOR SERVICE CORPORATION****FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90187 034 \*\*\*150.00

**Principal Place of Business****6101 LAKE ELLENOR DR**  
**ORLANDO FL 32809**  
**US****Mailing Address****PO BOX 19926**  
**ALEXANDRIA VA 22320-0926**  
**US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **59-3166573**

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****CLIFTON, RICHARD N JR.**  
**6101 LAKE ELLENOR DRIVE**  
**ORLANDO FL 32809**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	FLEMMING, HARRY S	424 NO WASHINGTON ST	ALEXANDRIA VA 22314	<input type="checkbox"/>
DVS	LANDIS, JANE A	424 NO WASHINGTON ST	ALEXANDRIA VA 22314	<input type="checkbox"/>
T	CLIFTON, RICHARD N	6101 LAKE ELLENOR DRIVE	ORLANDO FL 32809	<input type="checkbox"/>
P	FLEMMING, H TODD	6101 LAKE ELLENOR DR	ORLANDO FL 32809	<input type="checkbox"/>
VP	THOMAS, CHARLES	6101 LAKE ELLENOR DR	ORLANDO FL 32809	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:***Jane A. Landis* **JANE LANDIS****4/11/01**

Date

**703/549-3700**

Daytime Phone #

CR2E034 (10/00)