

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000004586** ✓

1. Entity Name
Advanced Strategies Agency, Inc.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90043 029 ***150.00

Principal Place of Business
362 North Main Street
Huron, Ohio 44839

Mailing Address
362 North Main Street
Huron, OH 44839

C0042322

2. Principal Place of Business
362 North Main Street

3. Mailing Address
362 North Main Street

DO NOT WRITE IN THIS SPACE

City & State
Huron, OH

City & State
Huron, OH

4. FEI Number
34-1605027

Applied For
☐ Not Applicable

Zip
44839

Country
USA

Zip
44839

Country
USA

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

6. Name and Address of Current Registered Agent

Garry N. Savage, Sr.
13105 Vanderbilt Drive, Unit 107
Naples, FL 33963

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, 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 President	<input type="checkbox"/> Delete
NAME Garry N. Savage, Sr.	
STREET ADDRESS 362 North Main Street	
CITY-ST-ZIP Huron, OH 44839	
TITLE Vice-President	<input type="checkbox"/> Delete
NAME Jeffrey S. Ward	
STREET ADDRESS 374 North Main Street	
CITY-ST-ZIP Huron, OH 44839	
TITLE Executive Vice-President & Secretary-Treasurer	<input type="checkbox"/> Delete
NAME Garry N. Savage, Jr.	
STREET ADDRESS 362 North Main Street	
CITY-ST-ZIP Huron, OH 44839	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	

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, duly empowered.

SIGNATURE: **GARRY N. SAVAGE, SR. President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2000
Date

419-433-5291
Daytime Phone #

CR2E034 (9/99)