

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000004055

FILED  
Apr 10, 2003  
Secretary of State

**Entity Name:** ADVANCED BROADBAND SYSTEM SERVICES, INC.

## Current Principal Place of Business:

319 1ST STREET NE  
RUSKIN, FL 33570

## New Principal Place of Business:

861 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572

## Current Mailing Address:

319 1ST STREET NE  
RUSKIN, FL 33570

## New Mailing Address:

11705 BOYETTE ROAD  
PMB 502  
RIVERVIEW, FL 33569

**FEI Number:** 58-2367713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

## OFFICERS AND DIRECTORS:

Title: CDP ( ) Delete  
Name: BRAKEFIELD, RICHARD M  
Address: 319 1ST STREET NE  
City-St-Zip: RUSKIN, FL 33570

Title: SD ( ) Delete  
Name: KIRKMAN, KENNETH M  
Address: 319 1ST STREET NE  
City-St-Zip: RUSKIN, FL 33570

Title: T ( ) Delete  
Name: WILSON, ROBIN C  
Address: 319 FIRST STREET N.E.  
City-St-Zip: RUSKIN, FL 33570

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN WILSON

CFO

04/10/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date