

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90657 031 ***150.00

DOCUMENT # **H31002**

1. Entity Name
ADVANCE TELEPHONE SYSTEMS, INC.



Principal Place of Business
**1092 WEST CHURCH STREET
PO BOX 1688
AVON PARK FL 33825
US**

Mailing Address
**1092 WEST CHURCH STREET
P. O. BOX 1688
AVON PARK FL 33825
US**



2. Principal Place of Business
**1094 West Church St.
Suite, Apt. #, etc.
AVON PARK, FLORIDA
City & State**

3. Mailing Address
**P.O. Box 1688
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State
AVON PARK, FLORIDA

4. FEI Number **59-2461061**

Applied For
Not Applicable

Zip: **33825** Country: **USA** Zip: **33826** Country: **USA**

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

**SINGLETARY, VIOLET K.
22 N. MARYLAND AVE.
AVON PARK FL 32825**

Name **WAYNE SINGLETARY**
Street Address (P.O. Box Number is Not Acceptable)
22 North Maryland Av
City **AVON PARK** FL Zip Code **33825**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Wayne Singletary** **Wayne Singletary** DATE **01-10-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	SINGLETARY, WAYNE
STREET ADDRESS	22 N. MARYLAND AVE.
CITY-ST-ZIP	AVON PARK FL
TITLE	VST <input type="checkbox"/> Delete
NAME	THOMAS, MIKE
STREET ADDRESS	1738 MYRTLE AVENUE
CITY-ST-ZIP	SEBRING FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Wayne Singletary** **Wayne Singletary** DATE **01-10-03** Daytime Phone # **863-453-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)