

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

0073299 AV

DOCUMENT # H92729
1. Entity Name
ADVANCE TECHNOLOGY SUPPLY INC. OF ORLANDO



04-24-2003 90111 049 ***150.00

Principal Place of Business
174 SEMORAN COMMERCE PL.
UNIT 120
APOPKA FL 32712

Mailing Address
174 SEMORAN COMMERCE PL.
UNIT 120
APOPKA FL 32703

11010751



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2606308**

Applied For
Not Applicable

Zip Country

Zip Country

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

RYAN, WILLIAM
435 BURNT TREE LN.
APOPKA FL 32712

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	RYAN, WILLIAM	
STREET ADDRESS	435 BURNT TREE LN.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, SHEILA	
STREET ADDRESS	435 BURNT TREE LN.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COUTURE, GARY	
STREET ADDRESS	641 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *WILLIAM RYAN* **4-22-03** **407-890-2022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)