

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90028 049 ***150.00

DOCUMENT # J09915

1. Entity Name

ADVANCED INVESTMENTS UNLIMITED, INC.

Principal Place of Business 2675 CRYSTAL BEACH RD. WINTER HAVEN FL 33880	Mailing Address 2675 CRYSTAL BEACH RD. WINTER HAVEN FL 33880-4913
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2728669** Applied For ☐ Not Applied ☐

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

**CRUM, LYLE C.
2675 CRYSTAL BCH RD
WINTER HAVEN FL 33880**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	CRUM, LYLE C.	2675 CRYSTAL BEACH RD WINTER HAVEN FL 33880				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Add
	D	HOFFMAN, MICHAEL J.	1258 CLIPPER BAY CT POWDER SPRINGS GA 30127				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Delete				
	D	DANIELS, LARRY B.	16620 WILLOW GLEN DR ODESSA FL 33556				<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Delete				
	D	FIGLIO, RICHARD S.	2532 LAURELWOOD LANE VALRICO FL				<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *Stacy Crum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2000 941-294-2622
Date Daytime Phone #