

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90105 003 ***150.00

DOCUMENT # **J83561**

1. Entity Name

ADVANCED RESOURCES CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4860 RIVERSIDE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FLORIDA

City & State

Zip

32935-7238

Country

BREVARD

Country

4. FEI Number

59-2834395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANDERSON, J. P.

Street Address (P.O. Box Number is Not Acceptable)

930 S. HARBOR CITY BLVD

STE 505

City

MELBOURNE

FL

Zip Code

32901

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PATRICIA B WINDLE
4860 RIVERSIDE RD
MELBOURNE, FL 32935-7238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
EDWARD W. WINDLE
4860 RIVERSIDE RD
MELBOURNE, FL 32935-7238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. P. Anderson

Date

04/18/02

Daytime Phone #

321-757-5229

CR2E034B (12/01)