

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90193 014 \*\*\*150.00

**DOCUMENT # J98701**

1. Entity Name

**ADVANCED SYSTEMS ADVISORS, INC.**

Principal Place of Business

Mailing Address

1201 SUMMERWINDS LANE

1201 SUMMERWINDS LANE

~~P. O. BOX 59~~

~~P. O. BOX 59~~

JUPITER FL 33468-7059

JUPITER FL 33468-0059

**710537**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1201 Summerwinds Ln.**

3. Mailing Address

**1201 Summerwinds Ln.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jupiter**

City & State

**Jupiter**

Zip

**33458**

Country

**USA**

Zip

**33458**

Country

**USA**

4. FEI Number

**65-0010416**

Applied For

Not Applicable

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

**NOVIC, WILLIAM**  
**1201 SUMMERWINDS LANE**  
**JUPITER FL 33468-7059**

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.

SIGNATURE

**Nancy S. Novic**

**NANCY S. NOVIC, Sec. TREAS.**

**1/31/2000**

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) ☐

**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	PVD	<input type="checkbox"/> Delete
NAME	NOVIC, WILLIAM	
STREET ADDRESS	1201 SUMMERWINDS LN.	
CITY-ST-ZIP	JUPITER FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NOVIC, NANCY	
STREET ADDRESS	1201 SUMMERWINDS LN.	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

**Nancy S. Novic, Sec. Treas.**

**NANCY S. NOVIC**

Date

**1/31/2000 561.744.2837**

Daytime Phone #

CR2E034 (9/99)