## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J99753** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name ADVANCED INTERIOR CONCEPTS, INC. 04-14-2000 90086 027 \*\*\*150.00 Principal Place of Business Mailing Address 973 SHADICK DR. 979 SHADICK DR **ORANGE CITY FL 32763-8904 ORANGE CITY FL 32763** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2857465 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOSTALEK, ROBERT D. Street Address (P.O. Box Number is Not Acceptable) 1773 HAVERHILL COURT **DELTONA FL 32725** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PST ☐ Addition Change ☐ Delete TITLE TITLE DOSTALEK, ROBERT D. NAME NAME 1773 HAVERHILL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCGUIRE, CHRISTOPHER NAME NAME 216 LINDA VISTA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEBRARY FL 32713 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of the corporation of the corporation of the corporation of the corporation of the receiver of 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

CITY-ST-ZIP

SIGNATURE:

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4-10-00

(904)775-2424

Daytime Phone