

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90609 032 \*\*\*\*50.00

DOCUMENT # L01000007736

1. Entity Name

ADVANCE TEC, LLC

**DO NOT WRITE IN THIS SPACE**

958319

2. Principal Place of Business

441 Water Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 470024

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Celebration, FL

City & State

Celebration, FL

4. FEI Number

59-3722876

Applied For

Not Applicable

Zip

Country

34747

USA

Zip

Country

34747-0024

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID S. FRIEBIS

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

2890 Tnette Creek Drive - Suite D-1

City

Petaluma

FL

Zip Code

32127

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Mgrm.  
Russell B. Tewksbury  
441 Water Street  
Celebration, FL 34747

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Russell B. Tewksbury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/2002

Date

(407) 516-0850

Daytime Phone #

CR2E083B (12/01)