

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019449

1. Entity Name

ADVANCED REIMBURSEMENT STRATEGIES I, LLC

Principal Place of Business

633 CROOKED PINE COURT
APOPKA FL 32712

Mailing Address

633 CROOKED PINE COURT
APOPKA FL 32712

2. Principal Place of Business

3497 OAK KNOLL POINT

Suite, Apt. #, etc.

3. Mailing Address

3497 OAK KNOLL POINT

Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

3497 OAK KNOLL POINT
LAKE MARY, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

4. FEI Number

"Not Applicable"

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent -

PENINSULA REGISTERED AGENTS

200 SOUTH BISCAYNE BOULEVARD, SUITE 4300
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Jim C. Adams	2162 Henley Place	Wellington FL 33414	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	William G. Nutt	3497 OAK KNOLL POINT	LAKE MARY FL 32746	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	MARK TOSO - TRI-NET	P.O. 427	Chelmsford, MA 01824	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

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

04/24/02

Date

(407)-975-1482

Daytime Phone #

CR2E083 (9/01)