

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L79878

1. Entity Name
ADVANCE CONTRACT SERVICES, INC.



Principal Place of Business
1950 NW 15TH STREET
POMPANO BEACH, FL 33069 US

Mailing Address
600 S ANDREWS AVENUE
SUITE 400
FORT LAUDERDALE, FL 33507 US

2. Principal Place of Business

3. Mailing Address

40 Bruce Green

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1313 S. Andrews Ave
Ft Lauderdale Fl

Zip

Country

Zip

Country

33316

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0202086

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

BEERMANN, WILLIAM
1950 NW 16TH STREET
POMPANO BCH, FL 33069

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BEERMAN, WILLIAM	NAME	
STREET ADDRESS	1950 SW 16 ST	STREET ADDRESS	600017826756
CITY-ST-ZIP	POMPANO BEACH, FL	CITY-ST-ZIP	05/01/03--01052--002 **1050.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-03

954.979.3200

Case

Daytime Phone #

CR2E034 (10/02)

97 5/2