

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000200

1. Entity Name

ADVANCE MANAGEMENT GROUP, L.C.

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90208 042 ****55.00

937001



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16622 TRADERS XING N #202 JUPITER FL 33477	Mailing Address 16622 TRADERS XING N #202 JUPITER FL 33477
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0494269	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MOUNTAIN, CHARLES T 16622 TRADERS XING N #202 JUPITER FL 33477	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 MGR MOUNTAIN, CHARLES T 16622 TRADERS XING JUPITER FL 33477 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: C. T. Mountain 3/30/02 (561) 741-1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)