

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90040 010 ****50.00

DOCUMENT # M00000000098

1. Entity Name

ADVANCED HORIZONS V, L.L.C.



Principal Place of Business

**185 FAIRFIELD AVE., STE. 4C
WEST CALDWELL NJ 07006**

Mailing Address

**185 FAIRFIELD AVE., STE. 4C
WEST CALDWELL NJ 07006**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3695457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROLAND, DOUGLAS C ESQ.
BRICKLEMYER SMOLKER & BOLVES, P.A.
500 E. KENNEDY BLVD., STE. 200
TAMPA FL 33602**

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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 |
|-------|------|---------------------|---|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | MGRM | PCI, INC. | 185 FAIRFIELD AVE. WEST CALDWELL NJ 07006 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | MGRM | MIELE, JOSEPH A | 14 SPRINGCROFT DR FAR HILLS NJ | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | MGRM | MIELE, JAMES L | 811 CARNOUSTIE DR BRIDGEWATER NJ 08807 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | MGRM | LOBAINA, DINA MIELE | 26 NORTH BROOK AVENUE BASKING RIDGE NJ 07920 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | MGRM | MURPHY, WILLIAM J | 4 CHAUCER COURT LIVINGSTON NJ 07039 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | MGRM | O'DEA, JOHN A | 51 EUGENE PLACE MONTVILLE NJ 07045 | <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

Date

Daytime Phone #

[Signature] **John O'Dea** 2/25/03 913-246-8007

CR2E083 (10/02)