

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90193 016 ***150.00

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1. Entity Name

Advanced Thoughts For A Secure Living Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1327 Lake Breeze Drive

3. Mailing Address
1327 Lake Breeze Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wellington Florida

City & State
Wellington Florida

4. FEI Number **650981184**

Applied For
☒ Not Applicable

Zip
33414-7964

Country
USA

Zip
33414-7964

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Alison V Rolph**

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

1327 Lake Breeze Drive

City **Wellington**

FL

Zip Code
33414-7964

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)

04/26/2006

DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President, Vice President, Secretary, Treasurer
Alison V. Rolph
1327 Lake Breeze Drive
Wellington, Florida 33414-7964**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alison V. Rolph

Alison V. Rolph

4/26/2006

561 662 2157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)