

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003460

1. Entity Name
ADVANCED SPREADING, INC.

Principal Place of Business
7560 S. GROVEWOOD LOOP
FLORAL CITY FL 34436

Mailing Address
PO BOX 1784
INVERNESS FL 34451

2. Principal Place of Business

10110 N. Emerald Way
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 641105
Suite, Apt. #, etc.

City & State

Citrus Springs, FL

City & State

Beverly Hills, FL

Zip

34434

Country

USA

Zip

34464

Country

USA

4. FEI Number

59-3630921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONOVAN, GINA
7560 S. GROVEWOOD LOOP
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

Name

Donovan, Thomas

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

10110 N. Emerald Way

City

Citrus Springs

FL

Zip Code

34434

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 Thomas Donovan M Thomas Donovan

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

(NOTE: Registered Agent signature required when reinstating)

3/23/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS DONOVAN, GINA
CITY-ST-ZIP PO BOX 1784
INVERNESS FL 34451

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME M
STREET ADDRESS Donovan, Thomas
CITY-ST-ZIP 10110 N. Emerald Way
Citrus Springs, FL 34434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Donovan Thomas Donovan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

(352) 465-6332

Daytime Phone #

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90229 048 ***150.00

C0038703



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)