

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90573 008 ***150.00

DOCUMENT # P00000067689

1. Entity Name
ADVOCATE BUSINESS SERVICES, INC.

Principal Place of Business
8130 BAYMEADOWS CIRCLE W. #204
JACKSONVILLE FL 32256

Mailing Address
8130 BAYMEADOWS CIRCLE W. #204
JACKSONVILLE FL 32256

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3149 N. PONCE DE LEON BLVD.

3. Mailing Address
3149 N. PONCE DE LEON BLVD.

Suite, Apt. #, etc.
Suite #9

Suite, Apt. #, etc.
Suite #9

City & State
SAINT AUGUSTINE FL

City & State
SAINT AUGUSTINE FL

4. FEI Number **59-3659231**

Applied For
 Not Applicable

Zip **32084** Country **ST. JOHNS**

Zip **32084** Country **SAINT JOHNS**

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

MCGINTY, ROBERT P
9680 DEER RUN DRIVE
PONTE VEDRA BEACH FL 32082

Name
MCGINTY ROBERT P
 Street Address (P.O. Box Number is Not Acceptable)
1401 WINDJAMMER LANE
 City **Saint Augustine** FL Zip Code **32084**

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 **Robert P. McGinty** **ROBERT P. MCGINTY** **4/15/2002**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MCGINTY, ROBERT P**
 CITY-ST-ZIP **9680 DEER RUN DRIVE**
PONTE VEDRA BEACH FL 32082

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: **Robert P. McGinty** **ROBERT P. MCGINTY** **4/15/2002** **904x827-9865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)