2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000067689

1. Entity Name

ADVOCATE BUSINESS SERVICES, INC.



Principal Place of Business

3149 N. PONCE DE LEON BLVD

STE #9 SAINT AUGUSTINE FL 32084 Mailing Address

3149 N. PONCE DE LEON BLVD

STE #9

SAINT AUGUSTINE FL 32084

NAME STREET ADDRESS CITY-ST-ZIP MCGINTY, ROBERT P 9680 DEER RUN DRIVE PONTE VEDRA BEACH FL 32082 TITLE NAME STREET ADDRESS CITY-ST-ZIP	2. Principal P	lace of Business	3. Mailing Address	ling Address					
City & State City & State City & City									
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Req	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent. M. Name M. Name Norme Norme Norme Norme Norme Norme Norme Norme Street Address of Norme Registered Agent City FL Zip Code S. 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, upped or predicting agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E NAME NAME SIRET ADDRESS GIT'-ST-ZP FILE NOW!! PMCGINTY, ROBERT P 9880 DEER RUN DRIVE Change Addition Addition NAME SIRET ADDRESS GIT'-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS GIT'-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS GIT'-ST-ZP TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS GIT'-ST-ZP TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS GIT'-ST-ZP TITLE Delete TITLE Delete TITLE MAKE SIRET ADDRESS GIT'-ST-ZP TITLE MAKE SIRET ADDRESS GIT'-ST	City & State		City & State		4	E0 20E0024		·	
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MCGINTY, ROBERT P 1401 WINDJEMMER LANE SAINT AUGUSTINE FL 32084 Site of Address (P.O. Box Number is Not Acceptable) City FL Zio Code Signature, systed or printed remore of registered agent. Signature, systed or printed remore of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ITILE MME SITERI ADDRESS CITY-51-2P PMCGINTY, ROBERT P 9880 DEER RUN DRIVE PONTE VEDRA BEACH FL 32082 THE MAME SITERI ADDRESS CITY-51-2P CITY-51		6. Name and Address of Currer	nt Registered Agent			. Name and Address of New Registere	d Agent	** **	
1401 WINDJEMMER LANE SAINT AUGUSTINE FL 32084 City FL Zip Code	- 				Name ·				
SAINT AUGUSTINE FL 32084 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Superior S				St	Street Address (P.O. Box Number is Not Acceptable)				
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B. 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 tell if applicable. (NOTE Registered Agent signature required when renotating) DATE	SAINT AUGUSTINE FL 32084								
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Apr 07, 2003 8:00 am Secretary of State

FILED

04-07-2003 91039 016 ***150.00