

FILED
May 19, 2001 8:00 am
Secretary of State
 05-19-2001 90276 050 ***150.00

DOCUMENT # **P00000071884**
ADVANCED LIFT SERVICES, INC.

Principal Place of Business: **830-13 AIA N #333**
 Mailing Address: **SAME**
PONTE VEDRA BEACH, FL 32082

00055572
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Amended (X) New Application	
State, Apt. #, etc.		State, Apt. #, etc.		59-3661088			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Admitted Fee (Required)	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Toby GARRISON				BERNARDA DALE			
830-13 AIA N #333				4300 KINGS MEADOW LN			
PONTE VEDRA BEACH, FL 32082				JACKSONVILLE FL 32217			

8. The above-named entity submits this statement for the purpose of obtaining its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: *[Signature]*
Signature, name or printed name of registered agent and file # (if applicable) (NOTE: Registered agent information received when available) (DATE)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE MONTHLY FEE IS \$150.00 Annual MAY 1, 2001 Fee will be \$540.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	BERNARDA DALE
CITY-STATE-ZIP		CITY-STATE-ZIP	4300 KINGS MEADOW LN.
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	JACKSONVILLE, FL 32217
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 liquidator empowered to execute this report as required by Chapter 007, 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 employees.

SIGNATURE: *[Signature]* **5/30/01** **Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR