

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90062 027 ***550.00

DOCUMENT # P00000089403

1. Entity Name
ADVANCED MATURITY SERVICES, INC.

Principal Place of Business

**1548 JOHN ANDERSON DRIVE
 ORMOND BEACH FL 32176**

Mailing Address

**1548 JOHN ANDERSON DRIVE
 ORMOND BEACH FL 32176**

2. Principal Place of Business

2430 Timberview Dr

Suite, Apt. #, etc.

3. Mailing Address

867 B Montelle, NE

Suite, Apt. #, etc.

City & State

New Smyrna Bch, FL

City & State

Atlanta, GA

Zip

32168

Country

Volusia

Zip

30308

Country

3 Fulton

4. FEI Number

59-3673739

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIRMANPOUR, IRAJ

1548 JOHN ANDERSON DRIVE

ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

IRAJ HIRMANPOUR

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

2430 Timberview Dr

City

New Smyrna Bch

FL

Zip Code

32168

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

(NOTE: Registered Agent signature required when reinstating)

9.5.02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	HIRMANPOUR, IRAJ	
STREET ADDRESS	1548 JOHN ANDERSON DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PEATROSS, FRIEDA D	
STREET ADDRESS	1548 JOHN ANDERSON DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2430 Timberview Dr	
CITY-ST-ZIP	New Smyrna Bch FL 32168	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	867 B. Montelle Dr. NE	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.5.02
 Date

Daytime Phone #