

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90286 002 ***150.00

DOCUMENT # P00000094540

1. Entity Name

ADVANCED UTILITY RESOURCES AND SUPPLY, INC.

Principal Place of Business

**31919 BAY STREET
TAVARES FL 32778-4610**

Mailing Address

**31919 BAY STREET
TAVARES FL 32778-4610**

2. Principal Place of Business

3. Mailing Address

P.O. Box 895231

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

Country

Zip

Country

34789

USA

4. FEI Number

59-3674225

Applied For

Not Applicable

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

**TINGUE, JOHN
31919 BAY STREET
TAVARES FL 32778-4610**

Name

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

City

FL

Zip Code

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 **John A. Tingue, Director**

John A. Tingue

2/28/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TINGUE, JOHN A**
STREET ADDRESS **31919 BAY STREET**
CITY-ST-ZIP **TAVARES FL 32778-4610**

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

TITLE **D** ☐ Delete
NAME **STAGGERS, CHRISTOPHER R**
STREET ADDRESS **31919 BAY STREET**
CITY-ST-ZIP **TAVARES FL 32778-4610**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **John A. Tingue, Director**

John A. Tingue

DATE

Daytime Phone #

2/28/01 352-406-0446

CR2E034 (10/00)

Attachment
926699
Attachment # P00000074540

