

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094540

1. Entity Name

ADVANCED UTILITY RESOURCES AND SUPPLY, INC.

Principal Place of Business

31919 BAY STREET
TAVARES FL 32778-4610

Mailing Address

P O BOX 895231
LEESBURG FL 34789

2. Principal Place of Business

11705 Creek Drive

3. Mailing Address

333 Turkey Creek

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Alachua, FL

4. FEI Number

59-3674225

Applied For

Not Applicable

Zip

32615

Country

U.S.A.

Zip

32615

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TINGUE, JOHN
31919 BAY STREET
TAVARES FL 32778-4610

7. Name and Address of New Registered Agent

Name John A. Tingle

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

11705 Creek Drive

City

Alachua

FL

Zip Code

32615

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. Tingle, Chairman of the Board

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

(NOTE: Registered Agent signature required upon reinstating)

John A. Tingle

1/4/2002

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Chairman of the Board ☒ Change ☐ Addition
NAME Tingle, John A.
STREET ADDRESS 11705 Creek Drive
CITY-ST-ZIP Alachua, FL 32615

TITLE President / CEO ☒ Change ☐ Addition
NAME Staggars, Christopher R
STREET ADDRESS 11705 Creek Drive
CITY-ST-ZIP Alachua, FL 32615

TITLE Secretary / Treasurer ☐ Change ☒ Addition
NAME Tingle, Nell P
STREET ADDRESS 11705 Creek Drive
CITY-ST-ZIP Alachua, FL 32615

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

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

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. Tingle, Chairman of the Board

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2002

DATE

352-406-0446

Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90029 005 ***150.00



DO NOT WRITE IN THIS SPACE

0602314 AT

CR2E034 (9/01)