

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90953 015 ***150.00

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DOCUMENT # P01000073625

1. Entity Name
ADVANCED COMMUNICATIONS INC.



Principal Place of Business
**2628 LEEWOOD BLVD
MELBOURNE FL 32935**

Mailing Address
**2628 LEEWOOD BLVD
MELBOURNE FL 32935**



2. Principal Place of Business

PMB #102 2447 N. WICKHAM Rd

3. Mailing Address

4541 MUSTANG Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #138

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32935

Country

USA

Zip

32934

Country

USA

4. FEI Number

59-3734498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, GARY G
2628 LEEWOOD BLVD
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

BROWN, GARY G

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

4541 MUSTANG Rd

City

MELBOURNE

FL

Zip Code

32934

8. This 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GARY G	
STREET ADDRESS	2628 LEEWOOD BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GARY G	
STREET ADDRESS	4541 MUSTANG Rd	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

GARY G. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date
321-242-1844
Daytime Phone #

CR2E034 (10/02)