

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90354 044 \*\*\*150.00

<b>DOCUMENT # P01000106394</b> 1. Entity Name <b>ADVANCED TECH SOLUTIONS, INC.</b>			
Principal Place of Business <b>13170 ATLANTIC BLVD          SUITE 58 PMB# 305          JACKSONVILLE FL 32225-4158</b>		Mailing Address <b>13170 ATLANTIC BLVD          SUITE 58 PMB# 305          JACKSONVILLE FL 32225-4158</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3755290</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MURRAY, SUSANA G          1686 HAWKINS COVE DR EAST          JACKSONVILLE FL 32246</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PTSD- TREASURER/SECRETARY</b> <input type="checkbox"/> Delete NAME <b>MURRAY, SUSANA G</b> STREET ADDRESS <b>1686 HAWKINS COVE DR EAST</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32246</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete NAME <b>ANTHONY J. MURRAY</b> STREET ADDRESS <b>1686 HAWKINS COVE DR EAST</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32246</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
<b>SIGNATURE:</b> <u>SUSANA G. MURRAY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/8/02</b> (904) 641-9706 <small>Daytime Phone #</small>	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)