

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90164 039 ***150.00

DOCUMENT # P01000106394

1. Entity Name
ADVANCED TECH SOLUTIONS, INC.



Principal Place of Business
13170 ATLANTIC BLVD
SUITE 58 PMB# 305
JACKSONVILLE FL 32225-4158

Mailing Address
13170 ATLANTIC BLVD
SUITE 58 PMB# 305
JACKSONVILLE FL 32225-4158

2. Principal Place of Business

1686 Hawkins Cove Dr. E

Suite, Apt. #, etc.

3. Mailing Address

1686 Hawkins Cove Dr. E

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

Dural

City & State

Jacksonville, FL

Zip

32246

Country

Dural

4. FEI Number

59-3755290

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, SUSANA G
1686 HAWKINS COVE DR EAST
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

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. 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

TITLE TS ☐ Delete
NAME MURRAY, SUSANA G
STREET ADDRESS 1686 HAWKINS COVE DR EAST
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.03

Date

904-641-9906

Daytime Phone #

CR2E034 (10/02)