

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003233

1. Entity Name  
ADVANCED DEVELOPMENT TECHNIQUES INC. *(L)*



P02000003233  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG 25 AM 8:00

Principal Place of Business  
3315 ELM ST.  
ELLENTON FL 34222

Mailing Address  
3315 ELM ST.  
ELLENTON FL 34222



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0564-815

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

MUDGE, RONALD W  
3315 ELM ST.  
ELLENTON FL 34222

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT  
RONALD W. MUDGE  
3315 ELM STREET  
ELLENTON, FL 34222

300022635819  
03/28/03--01032--017 \*\*150.00

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:

*Ronald W. Mudge* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03

Date

(94) 722-6095

Daytime Phone #

CR2E034 (4/03)

*Attachment*

90149702

## **Advanced Development Techniques Inc.**

### ***Personal & Business Coaching, Professional Training***

Ronald Mudge President P.O. Box 613 Ellenton, FL 34222 (941) 722-6095

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32303-1500

August 7, 2003

Subject: Uniform Business Report  
Document # PO2000003233

I did not previously receive notice of the requirement to file the UBR Report. Therefore I respectfully request that you waive the additional penalty amount. Enclosed is a check for \$150.00 payment of the original filing fee.

Sincerely,

*Ronald W. Mudge*

Ronald W. Mudge  
President

Enclosures:  
Report  
Payment