

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90916 029 \*\*\*150.00

01392822 AV

**DOCUMENT # P02000007532**

1. Entity Name  
**ADVANCED TUNING INC.**



Principal Place of Business  
**2401 SW 31ST AVE., BAY A3  
PEMBROKE PARK FL 33009**

Mailing Address  
**2401 SW 31ST AVE., BAY A3  
PEMBROKE PARK FL 33009**

2. Principal Place of Business  
**2401 S.W. 31<sup>ST</sup> Ave  
Suite, Apt. #, etc.  
Bay A-3**

3. Mailing Address  
**2623 S.W. 17<sup>TH</sup> Terrace  
Suite, Apt. #, etc.**

City & State  
**Pembroke Park, FL  
Zip  
33009**

City & State  
**Miramar FL  
Zip  
33029**

4. FEI Number  
**01-0577259**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SISSON, LARRY  
218 SOUTHERN COUNTRY LN  
QUINCY FL 32351**

**7. Name and Address of New Registered Agent**

Name **Orlando MERCED**  
Street Address (P.O. Box Number is Not Acceptable) **~~2623 S.W. 17<sup>TH</sup> Terrace~~  
2401 S.W. 31 Ave Bay A-3**  
City **Pembroke Park** FL Zip Code **33009**

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 **Orlando MERCED, Orlando MERCED, President** 4/1/03  
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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT MERCED, ORLANDO 2623 SW 177TH TERRACE MIRAMAR FL 33029</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MERCED, GEORGE 2623 SW 177TH TERRACE MIRAMAR FL 33029</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MERCED Jorge 2623 S.W. 17<sup>TH</sup> Terrace Miramar FL 33029</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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: **Orlando MERCED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 954-261-2271  
Date Daytime Phone #

CR2E034 (10/02)