

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90121 002 \*\*\*150.00

**DOCUMENT # P02000010353**

1. Entity Name  
**ADVANCED ENGINEERED SOLUTIONS, INC.**



Principal Place of Business  
**542 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE FL 32205-5333**

Mailing Address  
**C/O BARRY B. ANSBACHER, P.A.  
2450 RIVERPLACE TWR., 1301 RIVERPLACE BLVD  
JACKSONVILLE FL 32207-9047**

**55042654**



☐ CHECK HERE IF MAKING CHANGES

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

**02-0540637**

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

**BARRY B. ANSBACHER, P.A.  
1301 RIVERPLACE BOULEVARD  
SUITE 2450  
JACKSONVILLE FL 32207-9047**

*same entity Corp.  
name change  
for reg. Agent*

Name **Ansbacher & McKee, P.A.**  
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.

**[s] Barry B. Ansbacher**

**3/30/03**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, KERRY C</b>	
STREET ADDRESS	<b>1020 MEADOWVIEW LANE</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32092</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**SK [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1 Apr 03**

**904-8261837**

Date

Daytime Phone #

CR2E034 (10/02)