

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90139 036 \*\*\*150.00

<b>DOCUMENT # P02000041097</b>					
<b>1. Entity Name</b> ADVANCE THERAPY, INC.					
<b>Principal Place of Business</b> 5586 BEAR RUN PATRICK AFB FL 32952			<b>Mailing Address</b> 5586 BEAR RUN PATRICK AFB FL 32952		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. 5266 Mansford PL		Suite, Apt. #, etc. 5266 Mansford PL			
City & State Melbourne FL		City & State Melbourne FL			
Zip 32940		Country USA		Zip 32940	
Country USA		Country USA			
<b>4. FEI Number</b> 01-0729399			<b>Applied For</b> <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> HOWORTH, TANIA 5586 BEAR RUN PATRICK AFB FL 32952			<b>7. Name and Address of New Registered Agent</b> Name: <u>Howorth, TANIA</u> Street Address (P.O. Box Number is Not Acceptable): 5266 Mansford PL City: <u>Melbourne</u> <u>FL</u> Zip Code: <u>32940</u>		
<b>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.</b> SIGNATURE: <u>Tania Howorth</u> <u>TANIA HOWORTH</u> DATE: <u>4/12/03</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tania Howorth 5266 Mansford PL Melbourne FL 32940		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Tania Howorth</u> <u>TANIA HOWORTH</u>			DATE: <u>4/12/03</u> DAYTIME PHONE: <u>321 785 5756</u>		

CFR2034 (10/02)