

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90027 006 ***150.00

DOCUMENT # P02000043801		
1. Entity Name ADVANCED STORAGE SYSTEMS, INC.		

Principal Place of Business 1303B N WASHINGTON BLVD SARASOTA, FL 34236	Mailing Address 1303B N WASHINGTON BLVD SARASOTA, FL 34236
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54000345



01152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business <u>3100 N Washington Blvd</u>	3. Mailing Address <u>3100 N Washington Blvd</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>SARASOTA, FL</u>	City & State <u>SARASOTA FL</u>	4. FEI Number 65-1029669	Applied For ☐ Not Applicable
Zip <u>34234</u>	Country	Zip <u>34234</u>	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CASWELL, CHRIS 2364 FRUITVILLE RD SARASOTA, FL 34237	

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D ☒ Delete
NAME	KLEIN, WALLY
STREET ADDRESS	1303B N WASHINGTON BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	P/T/S ☐ Change ☐ Addition
NAME	John Schweigart
STREET ADDRESS	3100 N Washington Blvd
CITY-ST-ZIP	SARASOTA FL 34234
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 empowerment.

SIGNATURE: <u>[Signature]</u>	1/21/04	941-915-7983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #