

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90092 041 ***150.00

0081436 AV

DOCUMENT # P02000046156

1. Entity Name

ADVANCED NETWORK CONSULTING INC.



Principal Place of Business
**308 EAST LAKEVIEW DRIVE
ROYAL PALM BEACH FL 33411
US**

Mailing Address
**308 EAST LAKEVIEW DRIVE
ROYAL PALM BEACH FL 33411
US**



2. Principal Place of Business

**1727 Village Blvd
Suite, Apt. #, etc.
106**

3. Mailing Address

**1727 Village Blvd
Suite, Apt. #, etc.
106**

☒ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FPI Number

X 47-0871560

Applied For

Not Applicable

Zip

33409

Country

USA

Zip

33409

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUBE, CRAIG A
1384 PRIMROSE LANE
WELLINGTON FL 33414**

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

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

TITLE **P** ☐ Delete
NAME **DUBE, TIMOTHY M**
STREET ADDRESS **308 EAST LAKEVIEW DRIVE**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03 561-782-4944

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

90156659

PO2000046136

1727 Village Blvd.
#106
West Palm Beach, FL 33409

September 9, 2003

Dear Madam or Sir:

I never received a notice telling me this form was due, I only received the notice telling me it was already late. This is my first year in business and I was not aware of the procedures.

I changed addresses last week and have indicated those changes on the form. Thank you for your time.

Best Regards,

Timothy M. Dube
President
Advanced Network Consulting Inc.