

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000081297</b>					
<b>1. Entity Name</b> <b>ADVANCE CONTRACT SERVICES OF SOUTH FLORIDA, INC.</b>					
<b>Principal Place of Business</b> <del>600 S. ANDREWS AVE., #400</del> <b>FT. LAUDERDALE, FL 33301</b>			<b>Mailing Address</b> <del>600 S. ANDREWS AVE., #400</del> <b>FT. LAUDERDALE, FL 33301</b>		
<b>2. Principal Place of Business</b> <b>1313 S. Andrews Ave</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>1313 S. Andrews Ave</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>Ft Lauderdale FL</b>		<b>City &amp; State</b> <b>Ft Lauderdale FL</b>		<b>4. FEI Number</b> <b>Applied For</b>	
<b>Zip</b> <b>33316</b>		<b>Country</b> <b>USA</b>		<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> <b>FILINGS, INC.</b> <b>3732 N.W. 16TH STREET</b> <b>FT. LAUDERDALE, FL 33311-4132</b>				<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Bruce D. Green</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>1313 S. Andrews Avenue</b> <b>City</b> <b>Ft Lauderdale FL</b> <b>Zip Code</b> <b>33316</b>	
<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> <b>SIGNATURE</b> <b>DATE</b> <b>04-30-03</b> <small>(NOTE: Registered Agent's signature required when resigning.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <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>		
<b>TITLE</b> <b>D</b>			<b>TITLE</b> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b> <input type="checkbox"/>		
<b>NAME</b> <b>PETRESS, EDWARD</b>			<b>NAME</b> <b>1313 S. Andrews Ave</b>		
<b>STREET ADDRESS</b> <del>600 S. ANDREWS AVE., #400</del>			<b>STREET ADDRESS</b> <b>Ft Lauderdale FL 33316</b>		
<b>CITY-ST-ZIP</b> <del>FT. LAUDERDALE, FL 33301</del>			<b>CITY-ST-ZIP</b> <b>33316</b>		
<b>TITLE</b> <b>NAME</b>			<b>TITLE</b> <b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
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<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<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 the information 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; that the information 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 employees.</b>					
<b>SIGNATURE:</b>				<b>04.29.03 954 979.3200</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

CR2E034 (10/02)