

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90033 001 *****8.75
09-09-2003 90033 002 ***150.00

DOCUMENT # P02000114964

1. Entity Name
ADVANCED HOME SYSTEMS, INC.



Principal Place of Business
2441 SW 82 AVE #201
DAVIE FL 33324

Mailing Address
2441 SW 82 AVE #201
DAVIE FL 33324

55056113



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3352012

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDDEN, FRANCIS
2441 SW 82 AVE #201
DAVIE FL 33324

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **Francis Edden**
STREET ADDRESS **2441 S.W. 82nd Ave Apt 201**
CITY-ST-ZIP **DAVIE Florida 33324**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

9/14/03

1-954-370-7162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

9/2/03

55056119

#P02000114964

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee Florida 32302-1500

To Whom it May Concern

This was our first filing of Florida
We incorporated in the State of Florida
on 10/25/02 and did NOT receive any prior notice
of the requirement to file "2003 For Profit Corporation
Uniform Business Report (UBR)" Enclosed find check in
the amount of \$150.00 original filing fee. and check
for \$8.75 to reflect Certificate of Entity Status after
filing of this report. Please accept the above as a
request that late fee be waived

Respectfully Submitted

Francis Eddow

Francis Eddow
President