2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29504

1. Entity Name

Advanced Financial Services, Inc. of Rhode Island

FILED
00 MAY 11 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
D0047997

Principal Place of Business	Mailing Address
25 Enterprise Center Newport, RI 02842-5201	

DO NOT WRITE IN THIS SPACE
5/11/00 900031025 $150.00

2. Principal Place of Business	3. Mailing Address
25 Enterprise Center	25 Enterprise Center
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Newport, RI	Newport, RI
Zip 02842-5201 Country	Zip 02842-5201 Country

4. FEI Number 05-0402708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 South Plantation Road Plantation, 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dennis F. Hardiman 25 Enterprise Center Newport, RI 02842 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kurt D. Noyce 25 Enterprise Center Newport, RI 02842 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Dennis F.Hardiman 25 Enterprise Center Newport, RI 02842 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Robert Barber 25 Enterprise Center Newport, RI 02842 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Lisa S. Hardiman 25 Enterprise Center Newport, RI 02842 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Lisa S. Hardiman 25 Enterprise Center Newport, RI 02842 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Deanna M. Roy 25 Enterprise Center Newport, RI 02842 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deanna M. Roy, Secretary _____ 04/24/00 (401)846-3100x3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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