## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # P34831** ADVA-LITE, INC. 02-01-2001 90184 031 \*\*\*150.00 Principal Place of Business Mailing Address 7340 BRYAN DAIRY ROAD 2665 S BAYSHORE DRIVE LARGO FL 33777 SUITE 800 **MIAMI FL 33133** US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3073999 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CALLEJAS, MARIA C Street Address (P.O. Box Number is Not Acceptable) 2665 S. BAYSHORE DRIVE SUITE 800 MIAMI FL 33131 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CTA ☐ Addition ☐ Delete TITLE TITLE POLLO, DONALD L NAME NAME 7340 BRYAN DAIRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP LARGO FL 33777 [ ] Change ☐ Addition TITLE □ Detete TITLE STAUFFER, TOM B NAME NAME STREET ADDRESS STREET ADDRESS 7340 BRYAN DAIRY ROAD LARGO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME KUFFNER, MARILYN D. NAME STREET ADDRESS 2665 S BAYSHORE DRIVE #800 STREET ADDRESS CITY-ST-ZIP MIAM! FL CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME PHILLIP T. GEORGE NAME 2665 S BAYSHORE DIRVE #800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL DCOB ☐ Change Addition ☐ Delete TITLE TITLE NAME POWELL, EARL W. NAME 2665 S BAYSHORE DRIVE #800 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP MIAMI FL vps ☐ Change Addition TITLE Delete TITLE NAME HANKS, DARRYL E NAME STREET ADDRESS 7340 BRYAN DAIRY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO