2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003
Secretary of State

DOCUMENT# P34831

Entity Name: ADVA-LITE, INC.

Current Principal Place of Business:

7340 BRYAN DAIRY ROAD
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 59-3073999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALLEJAS, MARIA C
2665 S. BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GERSHMAN, DAVID
2665 S. BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33131 US

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: DAVID GERSHMAN 03/20/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete
Name: POLLO, DONALD L
Address: 7340 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: DP ( ) Delete
Name: OLIVIT, KEITH
Address: 7340 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: S ( ) Delete
Name: KUFFNER, MARILYN D.
Address: 2665 S BAYSHORE DRIVE #800
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: GEORGE, PHILLIP T MD
Address: 2601 SO BAYSHORE DR STE 715
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: POWELL, EARL W.
Address: 2665 S BAYSHORE DRIVE #800
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: TEMPLETON, TROY D
Address: 2665 S BAYSHROE DRIVE #800
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: STROBB, GEORGE
Address: 7340 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ABBOTT, MARK A
Address: 2665 SO BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN D. KUFFNER S 03/20/2003
Electronic Signature of Signing Officer or Director Date

ROBERT WHITESELL DIRECTOR
1450 GRANDVIEW AVENUE
PO BOX 561
THOROFARE NJ 08086