

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90462 024 ***150.00

DOCUMENT # P92000010591

1. Entity Name

ADVANCED HANDLING SYSTEMS, INC.

Principal Place of Business

**2740 PARKWAY STREET
 LAKELAND FL 33811**

Mailing Address

**2740 PARKWAY STREET
 LAKELAND FL 33811**

2. Principal Place of Business

3. Mailing Address

2401 Drone Field Rd

2401 Drone Field Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33811

Country

USA

Zip

33811

Country

USA

4. FEI Number

59-3155841

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

**PHELAN, JOHN T
 2740 PARKWAY ST
 LAKELAND FL 33811**

Name

Phelan, John T.

Street Address (P.O. Box Number is Not Acceptable)

2401 Drone Field Rd

City

Lakeland

FL

Zip Code

33811

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]

John T. Phelan

1/15/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	PHELAN, JOHN T	
STREET ADDRESS	3090 SHOEL CREEK VILLAGE DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHELAN, ILENE T	
STREET ADDRESS	3090 SHOEL CREEK VILLAGE DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature]

John T. Phelan

1/15/02

863 6469671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)