

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90017 019 ***158.75

DOCUMENT # P94000000061
 1. Entity Name
ADVANCED INFORMATION RESOURCES CORPORATION

| | |
|---|---|
| Principal Place of Business 5461 WEST WATERS AVE SUITE 900 TAMPA FL 33634 | Mailing Address 5461 WEST WATERS AVE SUITE 900 TAMPA FL 33634 |
|---|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3215859** Applied For
 Not Applicable

Zip Country Zip Country 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

**HOLLAND, JOHN L JR.
5461 WEST WATERS AVE.
SUITE 900
TAMPA FL 33634**

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

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|--|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | DS HOLLAND, JOHN L JR. 5461 WEST WATERS AVE., SUITE 900 TAMPA FL 33634 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | PTD HOLLAND, JOHN L SR. 5461 WEST WATERS AVE., SUITE 900 TAMPA FL 33634 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | DV KENISTON, MICHAEL 5461 WEST WATERS AVE., SUITE 900 TAMPA FL 33634 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | DV PLUMRIDGE, MICHAEL M 5461 WEST WATERS AVE., SUITE 900 TAMPA FL 33634 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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 person or persons 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 another like empowered.

SIGNATURE: *[Signature]* **JOHN HOLLAND, SR** 1/28/02 20483 9929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)