

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

0484237 AV

**DOCUMENT # P94000019538**

1. Entity Name

**ADVANCED COMMUNICATION SERVICES, INC.**



04-09-2003 90139 037 \*\*\*150.00

Principal Place of Business  
11801-2 28TH STREET NORTH  
ST. PETERSBURG FL 33716  
US

Mailing Address  
11801-2 28TH STREET NORTH  
ST. PETERSBURG FL 33716  
US



2. Principal Place of Business

204 37th Avenue N.

3. Mailing Address

204 37th Avenue N.

Suite, Apt. #, etc.

#304

Suite, Apt. #, etc.

#304

☐ CHECK HERE IF MAKING CHANGES

City & State  
St. Petersburg FL

City & State  
St. Petersburg FL

4. FEI Number 65-0470650

Applied For  
Not Applicable

Zip  
33704

Country  
Pinellas

Zip  
33704

Country  
Pinellas

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

6. Name and Address of Current Registered Agent

TAYLOR, DEBRA A  
968 LAKE PLACIDO COURT N.E.  
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TAYLOR, DEBRA A  
STREET ADDRESS 11801 28TH ST N STE 2  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VS ☐ Delete  
NAME BARDECKI, MICHAEL D  
STREET ADDRESS 11801 28TH ST N STE 2  
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Debra A. Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/03

CR2E034 (10/02)