## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000036905** May 01, 2000 8:00 am Secretary of State ADVANCED AWNING AND DESIGN, INC. 05-01-2000 90371 019 \*\*\*150.00 Principal Place of Business Mailing Address 2155 CORPORATE SQUARE BLVD 2155 CORPORATE SQUARE BLVD #100 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-0323 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3243319 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 9250 BAYMEADOWS ROAD, STE. 230 JACKSONVILLE FL 32256 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. DATE Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE FORSYTHE, GEORGE R NAME 2155 CORPORATE Square Blvd. #100 Jauksonville, FZ 3224 230-INDUSTRIAL LOOP ( STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP ☐ Change TITLE SMITH, TODD A 2105 Corporate Square Blyd. #100 Dicksonville, PC32216 NAME STREET ADDRESS 230 INDUSTRAIL LOOP -STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP **ORANGE PARK-FL-32073** ☐ Addition ي : ي. □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te Daytime Phone #