

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042261

1. Entity Name

ADVANCED STAIR AND RAIL, INCORPORATED

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90076 002 ***150.00

Principal Place of Business

1310 W. COLONIAL DRIVE
SUITE #5
ORLANDO FL 32804
US

Mailing Address

1310 W. COLONIAL DRIVE
SUITE #5
ORLANDO FL 32806-4443
US

2. Principal Place of Business

2600 Kunze Ave
Suite, Apt. #, etc.

3. Mailing Address

2600 Kunze Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number 59-3243310

Applied For

Not Applicable

Zip 32806

Country USA

Zip 32806

Country USA

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

6. Name and Address of Current Registered Agent

ADAMS, MARK F
1406 EMERALD DRIVE
KISSIMMEE FL 34744

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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, 2000 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

TITLE P
NAME ADAMS, MARK F
STREET ADDRESS 1406 EMERALD DRIVE
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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 consents empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00 (407) 843-4441