

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000001362

1. Entity Name
ADVANTECH SOLUTIONS I, INC.

Principal Place of Business 1410 N. WESTSHORE BLVD. SUITE 600 TAMPA 33607 US	FL	Mailing Address 1410 N. WESTSHORE BLVD. SUITE 600 TAMPA 33607 US	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number
65-0547367
 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NUGENT BRIAN M
1410 N. WESTSHORE BLVD., STE. 600
TAMPA FL 33607 US

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.

SIGNATURE _____ DATE **04/25/2001**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D SIZEMORE WILLIAM 1410 N. WESTSHORE BLVD., SUITE 600 TAMPA FL 33604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAGAN ROBERT W 1410 N. WESTSHORE BLVD., SUITE 600 TAMPA FL 33604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL SCOTT E 1410 N. WESTSHORE BLVD., SUITE 600 TAMPA FL 33604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKMAN STEVE 1410 N. WESTSHORE BLVD., SUITE 600 TAMPA FL 33604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOWLER N. TROY 1410 N. WESTSHORE BLVD., SUITE 600 TAMPA FL 33604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS CHARLES MJR 1410 N. WESTSHORE BLVD., SUITE 600 TAMPA FL 33604 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MURRAY JAMES KIII 1410 N. WESTSHORE BLVD., SUITE 600 TAMPA FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D FOWLER N. TROY 1410 N. WESTSHORE BLVD., SUITE 600 TAMPA FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D VOLPI DAVID 1410 N. WESTSHORE BLVD., SUITE 600 TAMPA FL 33607 <input checked="" 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 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: **DAVID VOLPI** PRES Date **04/25/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)