

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021229

1. Entity Name

ADVANCED SERVICES GROUP, INC.

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90005 027 ***550.00

Principal Place of Business

3099 LEON ROAD
 SUITE 1
 JACKSONVILLE FL 32246
 US

Mailing Address

3099 LEON ROAD
 SUITE 1
 JACKSONVILLE FL 32246
 US

2. Principal Place of Business

3060 LEON ROAD

3. Mailing Address

3060 LEON ROAD

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

SUITE 103

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE, FL.

Zip

32246

Country

US

Zip

32246

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3299692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MARSHALL D
 233 E BAY STREET SUITE 620
 JACKSONVILLE FL 32202

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 DOWLING, MONTIE E ☐ Delete
 STREET ADDRESS 9440 LITA RD W
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ST
 NAME DOWLING, SHIRLEY C ☐ Delete
 STREET ADDRESS 9440 LITA RD W
 CITY-ST-ZIP JACKSONVILLE 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

12. 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
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 CITY-ST-ZIP

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:

Montie E Dowling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-01

Date

904-645-5589

Daytime Phone #

CR2E034 (5/01)