

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000048533**

1. Entity Name

ADVANTECH SOLUTIONS II, INC.**FILED****May 24, 2000 8:00 am**
Secretary of State

05-24-2000 90008 015 ***150.00

Principal Place of Business

Mailing Address

1410 N. WESTSHORE BLVD.

1410 N. WESTSHORE BLVD.

SUITE 600

SUITE 600

TAMPA FL 33607

TAMPA FL 33607-4532

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0592418

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****GIORDANO, JOHN N**
220 SOUTH FRANKLIN STREET
TAMPA FL 33602**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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, CHARLES M JR	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOWLER, N. TROY	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKMAN, STEVE	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, SCOTT E	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REAGAN, ROBERT W	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIZEMORE, WILLIAM	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Volpi	
STREET ADDRESS	1410 N. Westshore Blvd. Suite 600	
CITY-ST-ZIP	Tampa FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James K. Murray III	
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00