

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 08, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000048533**1. Entity Name  
ADVANTECH SOLUTIONS II, INC.

## Principal Place of Business

1410 N. WESTSHORE BLVD.  
SUITE 600  
TAMPA  
33607

FL

## Mailing Address

1410 N. WESTSHORE BLVD.  
SUITE 600  
TAMPA  
33607

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**65-0592418**

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  
33607 US

FL

## 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 \_\_\_\_\_ **01/08/2001**

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	SIZEMORE WILLIAM	
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	CFO	<input type="checkbox"/> Delete
NAME	MURRAY III JAMES K	
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	CEO	<input type="checkbox"/> Delete
NAME	VOLPI DAVID	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY III JAMES K	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER N. TROY	
STREET ADDRESS	1410 N. WESTSHORE BLVD., SUITE 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLPI DAVID	
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		

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 D. Volpi

P/D

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)