

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000055810**

1. Entity Name

**ADVANCED ELEVATOR SERVICE, INC.****FILED****Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90102 007 \*\*\*150.00

Principal Place of Business

**8306 NW 74TH TERRACE  
TAMARAC FL 33321  
US**

Mailing Address

**8306 NW 74TH TERRACE  
TAMARAC FL 33321-4853  
US**

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

**65-0597872**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BUTLER, DALE M.  
8306 NW 74TH TERR  
TAMARAC FL 33321**

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

*Dale Butler Pres.***3/22/00**

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	PD	<input type="checkbox"/> Delete
NAME	BUTLER, DALE M.	
STREET ADDRESS	8306 NW 74TH TERR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELDON, WALTER B. III	
STREET ADDRESS	8306 NW 74TH TERRACE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAVAGNI, DONALD A	
STREET ADDRESS	8397 NW 25TH CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLIDAY, WILLIAM	
STREET ADDRESS	5701 SW 52ND ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		<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)(l), 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:

*Dale Butler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/22/00**  
Date**9543402642**  
Daytime Phone #