

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000055810

1. Entity Name
ADVANCED ELEVATOR SERVICE, INC.



Principal Place of Business
14011 SW 20 ST.
FORT LAUDERDALE, FL 33325-5420 US

Mailing Address
14011 SW 20 ST.
FORT LAUDERDALE, FL 33325-5420 US



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
14011 SW 20 ST.
DAVIE, FL 33325-5420

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUTLER, DALE M.
STREET ADDRESS	14011 SW 20 ST.
CITY-ST-ZIP	DAVIE, FL 333255420
TITLE	D
NAME	ELDON, WALTER B. III
STREET ADDRESS	8306 NW 74TH TERRACE
CITY-ST-ZIP	TAMARAC, FL
TITLE	VP
NAME	GAVAGNI, DONALD A
STREET ADDRESS	8397 NW 25TH CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80076-024-150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

✓ 2/11/08

Date

✓ 954-340-2642

Daytime Phone #