

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000063384**1. Entity Name  
ADVANCED CONTRACTING & HEDGING, INC.Principal Place of Business  
7269 BEE RIDGE ROAD  
SARASOTA FL 34241  
Mailing Address  
7269 BEE RIDGE RD  
SARASOTA FL 34241 US2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0601624**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**HOROWITZ MITCHELL I  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602 US**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 \_\_\_\_\_ **01/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33606	Delete
D	KHANT RANCHHOD	50 BAHAMA CIR.	TAMPA	FL	33606	<input type="checkbox"/>
V	TITMUS MICHAEL S	10328 ASHLEY OAK DR.	TAMPA	FL	33569	<input type="checkbox"/>
TD	EDWARDS KAREN P	1980 SW CLEVEL ROAD	ARCADIA	FL	34266	<input type="checkbox"/>
EVPS	EDWARDS KAREN P	1980 SW CLEVEL ROAD	ARCADIA	FL	34266	<input type="checkbox"/>
PD	EDWARDS JOHN W	1980 SW CLEVEL ROAD	ARCADIA	FL	33821	<input type="checkbox"/>
						<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34266	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
PD	EDWARDS JOHN W	1980 SW CLEVEL ROAD	ARCADIA	FL	34266	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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:** Karen P. Edwards

EVPS 01/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)