

2000 UNIFORM BUSINESS REPORT (UBR)APPROVED 091100
AND
FILED

00 OCT 16 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000086763			
1. Entity Name ADVANCED BILLING SERVICES, INC.			
Principal Place of Business 9900 WEST SAMPLE RD. SUITE 401 CORAL SPRINGS FL 33065		Mailing Address 9900 WEST SAMPLE RD. SUITE 401 CORAL SPRINGS FL 33065	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0649834		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORVELL, TAMARA 9900 W. SAMPLE ROAD., SUITE 401 CORAL SPRINGS FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100003446911-3 -11/01/00-01052-024 City ****150.00FL****158.00	
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 <u>Tamara Norvell</u> 100003446911-3 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) -11/01/00-01052-025 ****400.00****400.00			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORVELL, TAMARA 780 W PALMETTO PARK RD BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tamara Norvell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9900 W. Sample Road #401 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORVELL, ROBERT 780 W PALMETTO PARK RD BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tamara Norvell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9900 W. Sample Road #401 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARIS, BRIAN 3504 N.W. 79TH WAY HOLLYWOOD FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tamara Norvell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9900 W. Sample Road #401 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARIS, RICHELLE 3504 N.W. 79TH WAY HOLLYWOOD FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tamara Norvell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9900 W. Sample Road #401 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Tamara Norvell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9/8/00 954-255-9000 Date Daytime Phone #	

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CR2E034 (5/00)