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# 2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

01 NOV 16 PM 6:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055389

1. Entity Name

AdvanTech Solutions VII, Inc.

Principal Place of Business

Mailing Address

1410 N. Westshore Blvd. Suite 600  
Tampa, FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3387287

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

7. Name and Address of New Registered Agent

Nugent, Brian  
1410 N. Westshore Blvd.  
Suite 600  
Tampa, FL 33607

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
P Stanton, John  
STREET ADDRESS  
P.O. Box 24567  
CITY-STATE-ZIP  
Tampa, FL 33623

☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE NAME  
P/D Volpi, David D.  
STREET ADDRESS  
1410 N. Westshore Blvd., #600  
CITY-STATE-ZIP  
Tampa, FL 33607

☐ Change ☒ Addition

TITLE NAME  
V/D Fowler, N. Troy  
STREET ADDRESS  
1410 N. Westshore Blvd., #600  
CITY-STATE-ZIP  
Tampa, FL 33607

☐ Change ☒ Addition

TITLE NAME  
S/T/D Murray, James K.  
STREET ADDRESS  
1410 N. Westshore Blvd., #600  
CITY-STATE-ZIP  
Tampa, FL 33607

☐ Change ☒ Addition

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David D. Volpi

11/14/01 (813) 289-9442

Date

Daytime Phone #

CR2E034 (11/00)

400004686334-2



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ACCOUNT NO. : 072100000032

REFERENCE : 458211 7184273

AUTHORIZATION :

COST LIMIT : \$ 61.25

*Patricia Pigitt*

ORDER DATE : November 16, 2001

ORDER TIME : 2:37 PM

ORDER NO. : 458211-005

CUSTOMER NO: 7184273

CUSTOMER: Beverly Evans, Legal Asst  
Advantech Solutions  
1410 North Westshore Blvd.  
Suite 600  
Tampa, FL 33607

ANNUAL REPORT FILING

NAME: ADVANTECH SOLUTIONS VII, INC.

RECEIVED  
01 NOV 16 PM 3:56  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: \_\_\_\_\_