

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087003

1. Entity Name

ADVAL SOLUTIONS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90044 014 \*\*\*150.00

Principal Place of Business

1342 COLONIAL BLVD.  
E-38A  
FT MYERS FL 33907

Mailing Address

1342 COLONIAL BLVD.  
E-38A  
FT MYERS FL 33907-1013

2. Principal Place of Business

12734 KENWOOD LANE

Suite, Apt. #, etc.

Suite 32

City & State

FORT MYERS, FL

Zip  
33907

Country  
LEE

3. Mailing Address

12734 KENWOOD LANE

Suite, Apt. #, etc.

Suite 32

City & State

FORT MYERS, FL

Zip  
33907

Country  
LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0706460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKWOOD, ALICE R  
1342 COLONIAL BLVD.  
STE E-38A  
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

BLACKWOOD, ALICE R.

Street Address (P.O. Box Number is Not Acceptable)

12734 KENWOOD LANE

Suite 32

City

FORT MYERS

FL

Zip Code

33907

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, 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 PVST ☐ Delete  
NAME BLACKWOOD, ALICE R  
STREET ADDRESS 5428 ASHTON CIRCLE  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Change ☐ Addition  
NAME BLACKWOOD, ALICE R.  
STREET ADDRESS 12734 KENWOOD LANE, SUITE 32  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

*Alice R. Blackwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alice R. Blackwood 5/1/00

(941) 278-3287

CR2E034 (9/99)