

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0056839
 AV

DOCUMENT # P96000096893

1. Entity Name
ADVANCED STORAGE, INC.

03-13-2002 90079 011 ***150.00

Principal Place of Business
5180 SOUTH FERDON BLVD.
CRESTVIEW FL 32536
US

Mailing Address
5180 SOUTH FERDON BLVD.
CRESTVIEW FL 32536
US

011240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3448652**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOULTON, RICHARD C
3119 HIGHWAY 2
LAUREL HILL FL 32567

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	MOULTON, RICHARD CURTIS	
STREET ADDRESS	3119 HIGHWAY 2	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	MOULTON, JAMES MICHAEL	
STREET ADDRESS	6047 BUD MOULTON ROAD	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	VST	<input type="checkbox"/> Delete
NAME	MOULTON, GLORIA M	
STREET ADDRESS	3119 HIGHWAY 2	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard M. Moulton* Vice Pres. 3/1/02 850-683-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)