2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P96000101231 Jan 22, 2000 8:00 am 1. Entity Name **Secretary of State** ADVANCED BUSINESS & ESTATE PLANNING, INC. 01-22-2000 90078 018 ***150.00 Mailing Address Principal Place of Business 205 N. JOANNA AVE. 205 N. JOANNA AVE. TAVARES FL 32778-3217 TAVARES FL 32778 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3422544 Not Applicable Zip _ Country **\$8.75**. Additional...... 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent , Thomas H. Rugaie WEISS, DAVID L Street Address (P.O. Box Number is Not Acceptable) 205 N. JOANNA AVE. N. Jognag Aue TAVARES FL 32778 Tquares 8 576 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 required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Delete TITLE TITLE WEISS, DAVID L NAME NAME STREET ADDRESS STREET ADDRESS **21211 REEDY RD** CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 **□** Change ☐ Addition ☐ Delete TITLE TITLE Ruggie, Thomas H RUGGIE, THOMAS H NAME NAME 1733 Lake Terrace STREET ADDRESS STREET ADDRESS 7165 SUNNYSIDE DR. CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 EUSTIS, FL BODALO Change ☐ Addition TITL F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP E Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.