

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**  
 05-05-2001 90447 001 \*\*\*300.00

**DOCUMENT # P97000003906**

1. Entity Name

**ADVENT CONSULTING & TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

22501 SR 54  
 WESLEY CHAPEL FL 33543  
 US

P.O. BOX 7166  
 WESLEY CHAPEL FL 33543  
 US

**41312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**27212 Foam Flower Blvd**

3. Mailing Address

**← Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Wesley Chapel, FL**

City & State

4. FEI Number

**59-3196584**

Applied For

Not Applicable

Zip  
**33544**

Country  
**PASCO**

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

**REDWOOD, WAYNE**

**3301 STEEPLECHASE RD**

**SUITE 1A**

**WESLEY CHAPEL FL 33543**

Name

**WAYNE REDWOOD**

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

**27212 Foam Flower Blvd**

**Wesley Chapel**

City

**FL**

Zip Code

**33544**

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

**WAYNE REDWOOD**

**4/18/01**

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 **D** ☒ Delete  
 NAME **REDWOOD, WAYNE**  
 STREET ADDRESS **22501 SR 54**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **WAYNE REDWOOD** ☒ Change ☐ Addition  
 NAME **27212 Foam Flower Blvd**  
 STREET ADDRESS **Wesley Chapel, FL 33544**  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **REDWOOD, ALIYA M**  
 STREET ADDRESS **27505 STATE ROAD 54**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE **ALIYA REDWOOD** ☒ Change ☐ Addition  
 NAME **27210 Foam Flower Blvd**  
 STREET ADDRESS **Wesley Chapel, FL 33544**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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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:

**WAYNE REDWOOD**

**4/18/01**

**813 994-6154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)