## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000035196 DOCUMENT #

1. Entity Name

AUTOMATED VACUUM SYSTEMS, INC.



## **FILED** Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90220 026 \*\*\*150.00

Principal Place of Business 2025 PORTER LAKE DRIVE UNIT D SARASOTA FL 34240 US 2. Principal Place of Business		Mailing Address 2025 PORTER LAKE DRIVE UNIT D SARASOTA FL 34240 US 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	4. FEI Number 65-0770904			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		Name	7.«I	Name and Address of New Re	gistered Ag	enta a -	
MATTHEW	VS, TERENCE	•								
	STREET W STE D			}	Street Ac	idress (P.O. B	Box Number is Not Acceptable)			
	ON FL 34207	• •		<u> </u>						
DIVIDENTION ! E VYZO!				-	City			FL	Zip Cod	e
8. The above	named entity submits this statement fo	r the purpose	e of changing its re	egistered	d office or	registered an	ent, or both, in the State of Flori		niliar with.	and accept
	tions of registered agent.	F- 1	· · · · · · · · · · · · · · · · · ·	<b>J</b>			,- ,			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applical	nia (NOTE: E	Pagistared A	A cent signetu	re required when re	singletica)	DATE		
	<u> </u>	го ше парриса	DIG. (NOTE.)	negistered r	-gent signatu	o radoneo when re	an oraclary)	DAIL		
Afte	'ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					S. Election Campaign Fina     Trust Fund Contribution.			May Be I to Fees
10,	OFFICERS AND	DIRECTORS		11.			DDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 11
TITLE	P	-	☐ Delete	TITLE	_	Presid	lent, CEO	Ū	Change	☐ Addition
NAME STREET ADDRESS	LUBKEY, CRAIG E 2025-D PORTER LAKE DRIVE		NAM! STRE		ADDRESS	Lubkey, Craig E. 2025-D Porter Lake Drive				
CITY-ST-ZIP	SARASOTA FL 34240			CITY-S			sota FL 342			
TITLE			□ Delete	TITLE			, <u>, , , , , , , , , , , , , , , , , , </u>		Change	☐ Addition
NAME				NAME	·	•	•		_ •	
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STREET ADDRESS				1	ADDRESS					
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STREET ADDRESS		•			ADDRESS					
CITY-ST-ZIP	PC 368 0327			CITY-S						
TITLE	Contriound Contaction		☐ Delete	TITLE				. [	] Change	Addition
NAME STREET ADDRESS	जिस्तेया जिस्स के Sente		,	NAME	ADDOCES					
CITY-ST-ZIP	William to the state of the sta	, <u>.</u> .		CITY-S	ADDRESS T-ZIP					-
TITLE	PERSONAL RESPONSE AND ARRESTS OF	<del></del>	☐ Delete	TITLE	- <del></del>	\$10 1 THE RESERVE A	विकास समिति । यो ५ व वर्गी समावेती ।	· ******	] Change	Addition
NAME	[20] <b>[4]</b> [4][4][4][4][4][4][4][4][4][4][4][4][4][			NAME			•		- "	الماليات الماليات
STREET ADDRESS	A CONTRACTOR SECURIS			•	ADDRESS			<i>a</i>	11 50	}
CITY-ST-ZIP	L			CITY-S	I - ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: