

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048373

1. Entity Name

ADVANCED BUSINESS CONCEPTS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90004 049 ***150.00

Principal Place of Business

812 TAMiami TRAIL
SUITE 1
PORT CHARLOTTE FL 33953

Mailing Address

812 TAMiami TRAIL
SUITE 1
PORT CHARLOTTE FL 33953-3068

2. Principal Place of Business

813 Dolphin AVE NW

3. Mailing Address

813 Dolphin AVE NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT CHARLOTTE, FLORIDA

City & State

PORT CHARLOTTE, FL

4. FEI Number

65-0754806

Applied For

Not Applicable

Zip

Country

33948

Zip

Country

33948

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CULBERTSON, BETH A
112 WATERSIDE ST
PT CHARLOTTE FL 33954

7. Name and Address of New Registered Agent

Name
DILENA, JR. RALPH
Street Address (P.O. Box Number is Not Acceptable)

813 Dolphin AVE NW

City
PORT CHARLOTTE,

FL

Zip Code

33948

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 Ralph Dilena Jr RALPH DILENA JR PRESIDENT

3/30/00

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 ☒ Delete
NAME
CULBERTSON, BETH A
STREET ADDRESS
112 WATERSIDE ST
CITY-ST-ZIP
PT CHARLOTTE FL 33954

TITLE ☒ Delete
NAME
PROSE, JONI
STREET ADDRESS
22476 SACRAMENTO AVE
CITY-ST-ZIP
PT CHARLOTTE FL 33954

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 ☐ Change ☐ Addition
NAME
P DILENA, JR. RALPH
STREET ADDRESS
813 Dolphin AVE. NW
CITY-ST-ZIP
PORT CHARLOTTE, FL 33948

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

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

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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: Ralph Dilena Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00 941-964-0338
Date Daytime Phone #

CR2E034 (9/99)