## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # P97000059813 1. Entity Name ADVANCED ALL SERVICE REALTY, INC. 01-29-2000 90037 032 \*\*\*150.00 Century 21 Advanced All Mailing Address 1843 US 27 I gvanced All Service Really sebring souare Sebring FL 33870 **1843** US 27 N SEBRING FL 33870-1961 **Sabring. FL. 33870-1961** Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For <City & State 65-0765578 estrung Not Applie. Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOWARD, RICHARD SR. Street Address (P.O. Box Number is Not Acceptable) 720 SEBRING SOURENTURY 21 Advanced All Service Realty 1843 US 27 N Sebring, FL 33870-1961 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. 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Additior TITLE Delete TITLE HOWARD, RICHARD S NAME STREET ADDRESS 720 SEBRING SQUAR STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME SURPRICE WELLOW NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Daytime Phone #