

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072446

1. Entity Name

ADVANCED ENGINEERED SYSTEMS CORPORATION

Principal Place of Business

6604 HARNEY ROAD  
SUITE D  
TAMPA FL 33610  
US

Mailing Address

6604 HARNEY ROAD  
SUITE D  
TAMPA FL 33610  
US

FILED

01 JAN 22 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. FEI Number 59-3463609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, GREGORY D  
6604 HARNEY RD  
STE D  
TAMPA FL 33410

7. Name and Address of New Registered Agent

Name GREGORY D THOMAS

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

3904 CORPOREX PARK DR SUITE 102

City TAMPA

FL

Zip Code 33619

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 *[Signature]*

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00.  
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 PTD  
NAME THOMAS, KAREN ANN  
STREET ADDRESS 8801 HUNTERS LAKE DR, STE 133  
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE VSD  
NAME THOMAS, GREGORY DAVID  
STREET ADDRESS 8801 HUNTERS LAKE DR, STE 133  
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE THOMAS, KAREN ANN  
NAME THOMAS, KAREN ANN  
STREET ADDRESS 3904 CORPOREX PARK DR, SUITE 102  
CITY-ST-ZIP TAMPA, FL 33619 ☒ Change ☐ Addition

TITLE THOMAS, GREGORY DAVID  
NAME THOMAS, GREGORY DAVID  
STREET ADDRESS 3904 CORPOREX PARK DR, SUITE 102  
CITY-ST-ZIP TAMPA, FL 33619 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900003631209--9  
-02/02/01--01108--004  
\*\*\*\*300.00 \*\*\*\*900.00

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

813 991-7699

Daytime Phone #

CR2E034 (5/00)