

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001180

1. Entity Name

ADVANCED SOLUTIONS PROVIDER, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90207 016 ***550.00

Principal Place of Business

1819 NORTH SEMORAN BLVD.
 ORLANDO FL 32807

Mailing Address

1819 NORTH SEMORAN BLVD.
 ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3485868**

Applied For
 Not Applicable

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

RYAN, MICHAEL
 215 NORTH EOLA DR.
 ORLANDO FL 32801

Name **JAMES B. EULIANO**
 Street Address (P.O. Box Number is Not Acceptable)
1819 N. SEMORAN BLVD.
 City **ORLANDO** **FL** Zip Code **32807**

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 *James B. Euliano* **James B. Euliano, Director** **8/14/00**
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **EULIANO, NEIL R**
 STREET ADDRESS **1819 N. SEMORAN BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☐ Change ☒ Addition
 NAME **EULIANO, JAMES B.**
 STREET ADDRESS **3586 ALOMA AVE. #15**
 CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

JAMES EULIANO **JAMES EULIANO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/00
Date

407-478-2000
Daytime Phone #

CR2E034 (5/00)