2002 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2002 8:00 am P98000030564 Secrétary of State DOCUMENT # 1. Entity Name 07-25-2002 90126 012 ***150.00 ADVANCED ASSISTANCE GROUP, INCORPORATED Principal Place of Business Mailing Address P.O. BOX 1199 P.O. BOX 1199 NEWBERRY FL 32669-1199 NEWBERRY FL 32669-1199 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 06-1511702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANDLER, ALAN BENNETT Street Address (P.O. Box Number is Not Acceptable) 24318 N.W. 62 AVE. ALACHUA FL 32615-7680 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE Change CHANDLER, ALAN B NAME NAME 24318 NW 62ND AVE. STREET ADDRESS STREET ADDRESS ALACHUA FL 32615-7680 CITY-ST-ZIP CITY-ST-ZIP VPD Delete ☐ Change Addition TITLE TITLE NAME NADEAU, MICHAEL J NAME 7910 SW 47TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-74P GAINESVILLE FL 32608 Change ☐ · Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

(4/02)CR2E034





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July 23, 2002

Florida Department of State Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

re: UBR Report for Advanced Assistance Group, Inc.

To Whom It May Concern:

I recently received 0.

my UBR indicating that you never received the first one from our firm. We searched throughout our office and could find no record of receiving the first UBR. When I contacted your office, I was advised to pay the normal \$150.00 and enclose a letter explaining that we never received the first form. Please accept this as my request that you waive the \$400 penalty as indicated in the second UBR form. I believe that a review of our file would show that we have not missed payment since our inception in 1998. I appreciate your consideration. If you have any questions or need any additional information, please do not hesitate to call us.

Sincerely,

Alan B. Chandler

President

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