

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-16-2000 90178 035 ***150.00

DOCUMENT # P98000068469

1. Entity Name

ADVANCED FLOOR REMOVAL SYSTEMS, INC.

R

Principal Place of Business

3844 42ND AVE. NORTH
 ST. PETERSBURG FL 33714

Mailing Address

3844 42ND AVE. NORTH
 ST. PETERSBURG FL 33714-4437

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59 36 54567

APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCLENDON, DONNIE R
 3844 42ND AVE. NORTH
 ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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.

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: **P** Delete
 NAME: **MCLENDON, DONNIE R**
 STREET ADDRESS: **3844 42ND AVE. NORTH**
 CITY-ST-ZIP: **ST. PETERSBURG FL 33714**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Donnie R. Mclendon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-2000

Date

Daytime Phone #

CR2E034 (9/99)