

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083396

1. Entity Name

ADVANCED SOLUTIONS GROUP INTERNATIONAL, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90029 022 ***150.00

Principal Place of Business

7006 ATLANTIC BLVD
JACKSONVILLE FL 32211-8706

Mailing Address

7006 ATLANTIC BLVD
JACKSONVILLE FL 32211-8706

2. Principal Place of Business

630 EAST 60th STREET
Suite, Apt. #, etc.

3. Mailing Address

630 EAST 60th STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL
Zip
32208
Country
USA

City & State
JACKSONVILLE, FL
Zip
32208
Country
USA

4. FEI Number 59-3538886

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILL, DEREK
7006 ATLANTIC BLVD
JACKSONVILLE FL 32211-8706

7. Name and Address of New Registered Agent

DEREK D. GILL
630 EAST 60th STREET
City JACKSONVILLE FL Zip Code 32208

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. (See criteria on back)

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 | PVD | <input type="checkbox"/> Delete |
| NAME | GILL, DEREK | |
| STREET ADDRESS | 7006 ATLANTIC BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211-8706 | |
| TITLE | TSD | <input type="checkbox"/> Delete |
| NAME | GILL, BRENDA | |
| STREET ADDRESS | 7006 ATLANTIC BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211-8706 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brenda G Gill 3/6/00 (904)766-9791
Brenda G Gill