

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098412

1. Entity Name  
ADVANCEHD, INC.

Principal Place of Business  
1076 KANE CONCOURSE  
BAY HARBOR ISLAND FL 33154-2014

Mailing Address  
1076 KANE CONCOURSE  
BAY HARBOR ISLAND FL 33154-2014

2. Principal Place of Business  
9500 W Bay Harbor DR 2A  
Suite, Apt. #, etc.  
BH7  
City & State  
FLA  
Zip  
33154 Country  
USA

3. Mailing Address  
DR 2A  
Suite, Apt. #, etc.  
City & State  
SAME  
Zip  
Country

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 13 AM 11:29



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0754375  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PHILLIPY GLICKMAN CPA  
605 IVES DAIRY RD  
#G103  
NO MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent  
Name  
ELLEN FOX Pres  
Street Address (P.O. Box Number is Not Acceptable)  
9500 W Bay Harbor DR 2A  
City  
BH7 FLA FL Zip Code  
33154

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, typed or printed name of registered agent and title (if applicable)  
Ellen M Fox

(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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	D FOX, ELLEN G 9554 BAY HARBOR TERR BAY HARBOR ISLAND FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11'

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	600004704476--7 -12/04/01--01065--008 ***150.00 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 9-5-01

Daytime Phone #

CR2E034 (10/00)

Mr Scott

if you could Please  
help me my check's have been  
~~sent Back To me Twice~~, when  
I called & spoke to a Real Nice  
Lady she said to write and  
explain what happen that  
There was a death and that  
was the delay, we do not want  
To Lose my copations please

Help God Bless you! Thank you  
Ellen Fox

305-866-9338