

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2000 08:00 AM**
Secretary of State**DOCUMENT # P98000102359****1. Entity Name****ADVANCED COMPONENTS SOLUTIONS, INC.****Principal Place of Business**

5201 RIO VISTA AVE., BLDG. 14

TAMPA
33634

FL

Mailing Address

P.O. BOX 23032

TAMPA
33623

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State**

Zip

Country

Zip

Country

4. FEI Number**59-3544479**

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 AgentGONZALEZ ALAN FESQ
1602 W. SLIGH AVENUE
SUITE 300
TAMPA
33604
US

FL

7. Name and Address of New Registered Agent**Name**

MCINTYRE RICHARD JESQ

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

2700 BARNETT PLAZA

1001 EAST KENNEDY BLVD.

City
TAMPA

FL

Zip Code
33601**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 **RICHARD MCINTYRE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/04/2000

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 DV ☐ Delete
NAME PRITCHARD RALPH
STREET ADDRESS 9708 PLEASANT RUN WAY
CITY-ST-ZIP TAMPA FL 33647TITLE DST ☐ Delete
NAME LIBMAN HARRY
STREET ADDRESS 3612 S. VILLAGE DRIVE
CITY-ST-ZIP TAMPA FL 33624TITLE DP ☐ Delete
NAME LEVENSON ERIC D
STREET ADDRESS 3450 PALENCIA DRIVE, SUITE 1005
CITY-ST-ZIP TAMPA FL 33618TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Eric Levenson

DATE: 01/04/2000