

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90002 009 ***158.75

DOCUMENT # P99000010327

1. Entity Name

ADVANCED NETWORKING & COMPUTERS, INC.

Principal Place of Business

Mailing Address

**1605 OLD DAYTONA ROAD
 DELAND FL**

**1605 OLD DAYTONA ROAD
 DELAND FL**

2. Principal Place of Business

222 N. Woodland Blvd.

Suite, Apt. #, etc.

3. Mailing Address

222 N. Woodland Blvd

Suite, Apt. #, etc.

City & State

Deland Florida

City & State

Deland Florida

Zip

Country

32720 USA

Zip

Country

32720 USA

4. FEI Number **59-3555521**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHEUS, DEBRA A
 1785 PINE STREET
 DELAND FL**

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

Debra A Mathews

Debra A Mathews

2-12-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **OLSEN, MICHAEL J**
 CITY-ST-ZIP **1605 OLD DAYTONA ROAD
 DELAND FL 32724**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MATHEUS, ERNST G**
 CITY-ST-ZIP **1785 PINE STREET
 DELAND FL 32724**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **OLSEN, CHERYL M**
 CITY-ST-ZIP **1605 OLD DAYTONA ROAD
 DELAND FL 32724**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MATHEUS, DEBRA A**
 CITY-ST-ZIP **1785 PINE STREET
 DELAND FL 32724**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Debra A Mathews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date

904 801 1666

Daytime Phone #

CR2E034 (10/00)