

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90200 035 ***150.00

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DOCUMENT # P99000014961

1. Entity Name

ADVANCED ELECTRIC AND COMMUNICATION, INC.



Principal Place of Business

**4600 MCCOY DR.
PENSACOLA FL 32503**

Mailing Address

**P O BOX 2032
PENSACOLA FL 32503**

60023416



2. Principal Place of Business

SAA

3. Mailing Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PHYSICAL ADDRESS ONLY

City & State

"

City & State

PENSACOLA

4. FEI Number

59-3556900

Applied For

Not Applicable

Zip

"

Country

USA

Zip

FL 32503

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARRICK, WM. RUSSELL SR.
4443 BIXBY CIRCLE
PENSACOLA FL 32514**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WARRICK, WM. RUSSELL SR**
STREET ADDRESS **4443 BIXBY CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **T** ☐ Delete
NAME **CHRISTY-WARRICK, LINDA C**
STREET ADDRESS **4443 BIXBY CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda C Christy-Warrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/23/03

(850)433-7893

Date

Daytime Phone #

CR2E034 (10/02)