

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2002 8:00 am
Secretary of State

07-07-2002 90065 009 ***150.00

DOCUMENT # P99000016458

1. Entity Name
ADVANCED ZONE MANAGEMENT, INC

Principal Place of Business Mailing Address
 108 ASPEN CIRCLE 108 ASPEN CIRCLE
 SEMINOLE FL 33777 SEMINOLE FL 33777

50127141



2. Principal Place of Business 3. Mailing Address
604 N. MACDILL AVE 604 N. MACDILL AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **TAMPA FLORIDA** City & State **TAMPA, FL** 4. FEI Number **59-3548850** Applied For
 Not Applicable
 Zip **33609** Country **USA** Zip **33609** Country **USA** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BAKER, MICHAEL D
 108 ASPEN CIRCLE
 SEMINOLE FL 33777

7. Name and Address of New Registered Agent
 Name **JAMES**
 Street Address (P.O. Box Number is Not Acceptable) **604 N. MACDILL AVE.**
 City **TAMPA** FL Zip Code **33609**

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 DATE **7/1/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, MICHAEL D 108 ASPEN CIR SEMINOLE FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 604 N. MACDILL AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, PATRICIA 108 ASPEN CIR SEMINOLE FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANCES BAKER 604 N. MACDILL AVE TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR FRANCES BAKER 604 N. MACDILL AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 **7/1/02** DAYTIME PHONE # **727-642-8107**

CR2E034 (4/02)

*Attachment
Doc #
P99000016458*

B0127141

**ADVANCED ZONE MANAGEMENT, INC
604 NORTH MACDILL AVENUE
TAMPA, FLORIDA 33609
727-642-8104 (PH)
813-873-7056 (FAX)**

July 1, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: UBR 2002

Dear Sirs:

This is to inform you that we filed the UBR in March of 2002 with Check #1241. To date you have not received this form nor the check. Please accept this new UBR with Check #1293 for \$150.00.

I have also made some changes to the directors as well as a new Registered agent address.

Thank you.



Michael D. Baker
President