

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018152

1. Entity Name

ADVANTECH COMPUTERS & NETWORKS, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90185 014 ***158.75

Principal Place of Business

Mailing Address

5996 OVERSEAS HIGHWAY
MARATHON FL 33050

5996 OVERSEAS HIGHWAY
MARATHON FL 33050-2721

2. Principal Place of Business

5996 OVERSEAS Highway

Suite, Apt. #, etc.

3. Mailing Address

5996 OVERSEAS Highway

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MARATHON, FLORIDA

City & State

MARATHON, FLORIDA

4. FEI Number

650895683

Applied For

Not Applicable

Zip

33050

Country

USA

Zip

33050

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DRIVE
#37
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

KRISTIN A. HERBST

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

5996 OVERSEAS Highway

City

MARATHON

FL

Zip Code

33050

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4-21-00

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	PD	<input type="checkbox"/> Delete
NAME	HERBST, KRISTIN A	70%
STREET ADDRESS	5996 OVERSEAS HIGHWAY	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JOSE ESTEVEZ	30%
STREET ADDRESS	5996 OVERSEAS Hwy	
CITY-ST-ZIP	MARATHON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00 305-289-8411

CR2E034 (9/99)