

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000022234**

1. Entity Name

ADVANCED EQUIPMENT SOUTH, INC.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90301 030 ***150.00

Principal Place of Business

5475 WILLIAMSBURG DR
#3
PUNTA GORDA FL 33982
US

Mailing Address

201 W MARION AVE STE 207
PUNTA GORDA FL 33950

2. Principal Place of Business

5475 WILLIAMSBURG DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 3

City & State

PUNTA GORDA FL

City & State

Zip

33982

Country

USA

Zip

Country

4. FEI Number **65-0910375**

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

KAYWELL, JAMES W
201 W MARION AVE STE 207
PUNTA GORDA FL 33950

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

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
D WENGER, HANS 2313 DEBORAH DR PUNTA GORDA FL 33950	<input type="checkbox"/>		<input type="checkbox"/>
D GERBER, HANS 2142 CHARLOTTE AMALIE CT PUNTA GORDA FL 33950	<input type="checkbox"/>		<input type="checkbox"/>
D FAVRE, JEAN-DANIEL 8750 MIDNIGHT PASS RD #403C SARASOTA FL 34242	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: HANS WENGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANS WENGER PRESIDENT

Date

4-20-2001 941-505-2556

Daytime Phone #

CR2E034 (10/00)