

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000024949**

1. Entity Name

Advanced PC Solutions, INC



**FILED
May 05, 2003 8:00 am
Secretary of State**

05-05-2003 92210 027 ***158.75

11041874

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

561 Lakeside Circle

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sunrise, FL 33326

City & State

Zip

33326

Country

Broward

Zip

Country

4. FEI Number

65-0904026

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robin L. Cole

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

561 Lakeside Circle

City

Sunrise

FL

Zip Code

33326

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

Robin L. Cole

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

Amount Due: \$150.00

After May 1, 2003 \$170.00

Attended: 100% 100%

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

Pres

NAME

Robin Cole

STREET ADDRESS

**561 Lakeside Circle
Sunrise, FL 33326**

CITY-ST-ZIP

VP

NAME

Steven Cole

STREET ADDRESS

**561 Lakeside Circle
Sunrise, FL 33326**

CITY-ST-ZIP

VP

NAME

Ben Filippelli

STREET ADDRESS

**2941 NW 11 Street
Plantation, FL 33322**

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robin L. Cole

4-30-03 954-307-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)