


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

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

05-05-2003 92210 027 \*\*\*158.75

DOCUMENT # <b>P99000024949</b>	
1. Entity Name <b>Advanced PC Solutions, INC</b>	

**DO NOT WRITE IN THIS SPACE**

**11041874**

2. Principal Place of Business <b>561 Lakeside Circle</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sunrise, FL 33326</b>		City & State	
Zip <b>33326</b>	Country <b>Broward</b>	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-0904026</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>Robin L. Cole</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>561 Lakeside Circle</b>			
City <b>Sunrise</b> FL Zip Code <b>33326</b>			

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**

**4-30-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$160.00  
After May 1 Fee is \$250.00  
Amended UBR is \$61.25  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres Robin Cole 561 Lakeside Circle Sunrise, FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Steven Cole 561 Lakeside Circle Sunrise, FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Ben Filippelli 2941 NW 11 Street Plantation, FL 33322</b>
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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)