

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90012 017 \*\*\*163.75

**DOCUMENT # P99000027385**

1. Entity Name

**ADVANCED SUPERIOR TECHNOLOGIES, INC.**

Principal Place of Business

Mailing Address

1026 59TH AVE. N.  
 ST. PETERSBURG FL 33703

1026 59TH AVE. N.  
 ST. PETERSBURG FL 33703-1126

2. Principal Place of Business

*1101 Monterey Blvd. N.E.*  
 Suite, Apt. #, etc.

3. Mailing Address

*1101 Monterey Blvd. N.E.*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*St. Petersburg FL*

City & State

*St. Petersburg FL*

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

*33704*

*USA*

Zip

Country

*33704*

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LARSON, JAMES E**  
**LARSON & LARSON, P.A.**  
 11199 69TH STREET NORTH  
 LARGO FL 33773-5504

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 \$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	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Richard K. Allman</i>	
STREET ADDRESS	<i>1101 Monterey Blvd. N.E.</i>	
CITY-ST-ZIP	<i>St. Petersburg FL 33704</i>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Delete
NAME	<i>Joe Reinhardt</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Matthew Basham</i>	<input type="checkbox"/> Delete
NAME	<i>SECRETARY</i>	
STREET ADDRESS	<i>3652 Rock Royce Dr.</i>	
CITY-ST-ZIP	<i>Holiday FL 34691</i>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Richard K. Allman</i>	<i>(Address)</i>
STREET ADDRESS	<i>1101 Monterey Blvd. N.E.</i>	
CITY-ST-ZIP	<i>St. Petersburg FL 33704</i>	
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

*4-30-2000* *727-821-5565*  
 Date Daytime Phone #

CR2E034 (9/99)