

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State
 09-14-2000 90005 049 ***550.00

DOCUMENT # P99000038085

1. Entity Name
ADVANCE QUALITY CONSTRUCTION, INC.

Principal Place of Business
**8475 PARK HIGHLAND DRIVE
 ORLANDO FL 32818**

Mailing Address
**8475 PARK HIGHLAND DRIVE
 ORLANDO FL 32818**

2. Principal Place of Business

8574 Park Highland Dr.
 Suite, Apt. #, etc.

3. Mailing Address

8574 Park Highland Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL
 Zip
32818
 Country
US

City & State
Orlando, FL
 Zip
32818
 Country
US

4. FEI Number
593570007

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

**EASON, DARREN J
 3130 MAPLESHADE STREET
 DELTONA FL 32738**

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 *Darren Eason* **President**

9-11-00

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 **D** ☐ Delete
 NAME **EASON, DARREN J**
 STREET ADDRESS **3130 MAPLESHADE STREET**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *Darren Eason* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00

Date

(407)523-3439

Daytime Phone #

CR2E034 (5/00)