

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000042117**1. Entity Name
ADVANTECH SOLUTIONS PAYROLL SERVICES, INC.Principal Place of Business
1410 N WESTSHORE BLVD, SUITE 600
TAMPA FL 33607
Mailing Address
1410 N WESTSHORE BLVD, SUITE 600
TAMPA FL 336072. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3574162
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**NUGENT BRIAN M
1410 N. WESTSHORE BLVD., STE. 600
TAMPA FL 33607 US**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 _____ **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
COO	FOWLER NOBLE T	1410 N WESTSHORE BLVD, STE 146	TAMPA FL 33607	<input checked="" type="checkbox"/>
CFO	MURRAY JAMES EIII	1410 N WESTSHORE BLVD, STE 146	TAMPA FL 33607	<input type="checkbox"/>
CEO	VOLA DAVID	1410 N WESTSHORE BLVD STE 146	TAMPA FL 33607	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S,D	MURRAY JAMES KIII	1410 N WESTSHORE BLVD, STE 699	TAMPA FL 33607	<input checked="" type="checkbox"/>
P, D	VOLPI DAVID	1410 N WESTSHORE BLVD STE 600	TAMPA FL 33607	<input checked="" 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: DAVID VOLPI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 04/25/2001

Date

Daytime Phone #

CR2E034 (11/00)