

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055259

1. Entity Name

ADVANCED REAL ESTATE INSPECTIONS INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90053 023 \*\*\*150.00

Principal Place of Business

10400 LAKE VISTA CIR.  
BOCA RATON FL 33498

Mailing Address

10400 LAKE VISTA CIR.  
BOCA RATON FL 33498-6787

2. Principal Place of Business

22976 OXFORD PLACE

Suite, Apt. #, etc.

#A

City & State  
BOCA RATON, FL.

3. Mailing Address

22976-A OXFORD PLACE

Suite, Apt. #, etc.

A

City & State  
BOCA RATON, FL.

Zip

33433

Country

USA

Zip

33433

Country

USA

4. FEI Number

65 0991764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

↓  
MCFARLAND, BRADLEY  
10400 LAKE VISTA CIR.  
BOCA RATON FL 33498

Name

MCFARLAND BRADLEY

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

22976-A OXFORD PLACE

City

BOCA RATON, FL.

FL

Zip Code

33433

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Bradley McFarland  
22976-A OXFORD PLACE  
BOCA RATON, FL. 33433 ☐ Delete

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

TITLE  
NAME  
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☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000 561 718 8609  
Date Daytime Phone #

CR2E034 (9/99)