

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

FILED
Jul 22, 2002 8:00 am
Secretary of State

06-16-2002 90692 047 ***150.00

DOCUMENT # **P99000055259**

1. Entity Name

ADVANCED Consulting Solutions Inc. ✓**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

DALY BEACH

3. Mailing Address

10400 LAKE VISTA CIRCLE

Suite, Apt. #, etc.

SAME AS OFFICE

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33498 USA

4. FEI Number

65099164

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

BRAD McFARLAND

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

10400 LAKE VISTA CIRCLE

City

BOCA RATON**FL**

Zip Code

33498**DO NOT WRITE
IN THIS SPACE**

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

5/21/029. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	BRAD McFarland Pres. 10400 LAKE VISTA CIRCLE BOCA RATON, FL 33498
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02

Date

561 756 407

Daytime Phone #

CR2E034B (12/01)

Attachment

~~39053~~ 39053
#P99000055259
6/6/02

To whom it may Concern,
Please be advised that I never received
my Refoer package in the mail.
Please waive the late fee.

Thank you
Bryan McFarland
Advanced Consulting Solutions Inc.