

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055259

1. Entity Name  
ADVANCED CONSULTING SOLUTIONS, INC.



Principal Place of Business  
10400 LAKE VISTA CIR.  
BOCA RATON FL 33498

Mailing Address  
10400 LAKE VISTA CIR.  
#A  
BOCA RATON FL 33498

FILED

03 OCT 20 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

10400 Lake Vista Cir.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Boca Raton

Zip

FL

Country

33498

City & State

Zip

Country

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

McFARLAND, BRADLEY  
10400 LAKE VISTA CIR.  
BOCA RATON FL 33498

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MCFARLAND, BRADLEY  
STREET ADDRESS 10400 LAKE VISTA CIR.  
CITY-ST-ZIP BOCA RATON FL 33498

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

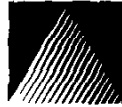
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/03 501 756 2270

CR2E034 (4/03)



NEWGEN

## COURSE NOTES

27~  
Southeast:  
220 B Baker Rd.  
Primm Springs, TN 38476  
(615) 729-5963

Service:  
31363 Medallion Dr.  
Hayward, CA 94544  
(415) 489-0301

To whom it may Concern.

I am asking that your office please  
waive the reinstatement fee. My annual  
Report was filed in the wrong area.  
Thank you for your help in this matter.

BRAD McFarland