

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90070 010 ***150.00

DOCUMENT # P99000088222
 1. Entity Name
ADVANCED SERVICES, INC. OF SOUTHWEST FLORIDA

Principal Place of Business Mailing Address
4536 SE 16TH PL #2 **4614 S.W. 20TH PLACE**
CAPE CORAL FL 33904 **CAPE CORAL FL 33914**

2. Principal Place of Business 3. Mailing Address
1830 Del Prado Blvd **1830 Del Prado Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
9 **9**
 City & State City & State
CAPE CORAL, FL **CAPE CORAL, FL**
 Zip Country Zip Country
33990 **USA** **33990** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0951786** 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
SCOTT, TIMOTHY A Name
4614 SW 20TH PLACE Street Address (P.O. Box Number is Not Acceptable)
CAPE CORAL FL 33914 City Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	D SCOTT, TIMOTHY A 4614 S.W. 20TH PLACE CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JEANNE C 4614 S.W. 20TH PLACE CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] **4-26-02** **239-722-0011**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)