

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088376

1. Entity Name

ADVANCED COMP SOLUTIONS, INC.

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90028 011 ***550.00

Principal Place of Business

Mailing Address

~~150 WESTWARD DR.~~
~~MIAMI SPRINGS FL 33166~~

~~150 WESTWARD DR.~~
~~MIAMI SPRINGS FL 33166~~

2975 Bee Ridge, Ste D
 SARASOTA, FL 34239

2. Principal Place of Business

2975 Bee Ridge Rd

3. Mailing Address

2975 Bee Ridge Rd

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34239

Country

SARASOTA

Zip

34239

Country

SARASOTA

4. FEI Number

32-137768L

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

~~ARNOLD, MICHAEL S~~
 2975 BEE RIDGE ROAD
 SUITE D
 SARASOTA FL 34239

Name

Dennis Geers

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

2975 Bee Ridge Rd

Suite D

City

SARASOTA

FL

Zip Code

34239

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

Dennis Geers Dennis Geers

8-1-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	GREEN, RAMON J	
STREET ADDRESS	1700 WEST MORTON AVE., STE. 200	
CITY-ST-ZIP	JACKSONVILLE IL 62650	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEERS, DENNIS J	
STREET ADDRESS	43 IVYWOOD DR.	
CITY-ST-ZIP	JACKSONVILLE IL 62650	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBB, THOMAS L	
STREET ADDRESS	150 WESTWARD DR.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEHAN, THOMAS D III	
STREET ADDRESS	RR 3, BOX 217A	
CITY-ST-ZIP	ROODHOUSE IL 62082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6956 Country Lakes Cir	
STREET ADDRESS	SARASOTA, FL 34243	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Dennis Geers SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-1-00 941-923-6752

CR2E034 (5/00)