2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000091226

1. Entity Name

ADVANCED WIRING SERVICES, INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90101 048 ***150.00

6941 LILLIAN JACKSONVILL		3	Mailing Add PO BOX 350 JAX FL 322	0177						
2. Principal Place of Business			3. Mailing Address					1 11)		1111 CHI 1011
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & Stat	te		. 4.	FEI Number 59-3603609			plied For t Applicable
Zip	·	Country	Zip	يود د _{ال} يود ر	Country	- = ,5.	Certificate of Status Desired		75 Add Required	
	6. Name	and Address of Current	Registered Age	ent		7.	Name and Address of New Regi	istered Ager	nt	
CHLIAM	MADIA E				Name		•			
GILLIAM, MARIA F 3158 ASHRIDGE DR.					Stree	Street Address (P.O. Box Number is Not Acceptable)				
	IVILLE FL 3	2225								-
					City			FL	Zip Code	9
8. The above the obligat	named entity ions of regist	/ submits this statement for ered agent.	the purpose of	changing its	registered office	or registered a	gent, or both, in the State of Florid	a. I am famil	liar with,	and accept
SIGNATURE .	Signatura huand	or printed name of registered agent a	od titla if applicable	(NOTE	: Registered Agent sig	natura raquirad when	rainetating)	DATE		
			па вае в аррисаріе.	(INC/IE	negistered Agent sig		(dustanid)			
After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				 Election Campaign Finand Trust Fund Contribution. 	cing		May Be to Fees
		-	1							
· 10.		OFFICERS AND	DIRECTORS		11.	A	DDITIONS/CHANGES TO OFFICE	R\$ AND DIF	RECTORS	S IN 11
TITLE :	PD			☐ Delete	TITLE	A	DDITIONS/CHANGES TO OFFICE		RECTORS Change	IN 11
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TITLE :	PD GILLIAM, 1 3158 ASH	WALTER		☐ Delete	TITLE	z 36 4	DDITIONS/CHANGES TO OFFICE Lem Turner Rd Lan, FL 32011	V	Change	
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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:

Walter OF It Man E Walte D. Gillian - president

904-744-4446

Daytime Phone #