

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90027 002 \*\*\*150.00

**DOCUMENT # P99000093788**

1. Entity Name  
**ADVANCE GROUP INC**

Principal Place of Business 1245 BROWARD RD. JACKSONVILLE FL 32218	Mailing Address 1245 BROWARD RD. JACKSONVILLE FL 32218-5311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1245 BROWARD RD</b>	3. Mailing Address <b>Bank</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE FL</b>	City & State
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Zip <b>32218</b>	County <b>Duval</b>	Zip	Country
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4. FEI Number <b>59-3605852</b>	Applied For <input type="checkbox"/> Not Applicable
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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

**CHAUDHARI, KANTI**  
**1245 BROWARD RD.**  
**JACKSONVILLE FL 32218**

Name **Chaudhary KANTI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1000 BROWARD RD**  
 City **Jacksonville FL** Zip Code **32218**

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

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, 2000 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	<input type="checkbox"/> Delete	<b>Prem Chaudhary</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Pres. 17 Cutters Run S BARRINGTON FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **Prem Chaudhary** *Prem Chaudhary* **3/29/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/99)