

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90215 008 \*\*\*150.00

**DOCUMENT # P99000098863**

1. Entity Name

**ADVANCED WORK VAN INTERIORS, INC.**

Principal Place of Business

**3160 SE GRAN PKWY  
 STUART FL 34997**

Mailing Address

**3939 PEMBROKE RD.  
 HOLLYWOOD FL 33021**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**3160 SE GRAN PKWY**

Suite, Apt. #, etc.

City & State

**STUART, FL**

Zip

Country

Zip

Country

**34997**

**U.S.A.**

4. FEI Number

**65-0963895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**UDELL, MICHAEL B**

**5745 S. UNIVERSITY DRIVE**

**DAVIE FL 33328**

7. Name and Address of New Registered Agent

**ARTHUR A. BROOKS**

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

**415 4TH TERRACE**

City

**PALM BEACH GARDENS, FL**

Zip Code

**33418**

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

*Arthur A. Brooks*

**ARTHUR A. BROOKS, PRESIDENT 4-9-02**

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, 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

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROOKS, ARTHUR A</b>	
STREET ADDRESS	<b>5745 S. UNIVERSITY DRIVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33328</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUCOMB, JEFFREY</b>	
STREET ADDRESS	<b>5745 S. UNIVERSITY DRIVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33328</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUCOMB, LARRY</b>	
STREET ADDRESS	<b>5745 S. UNIVERSITY DRIVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33328</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ARTHUR A. BROOKS, ARTHUR A</del>	
STREET ADDRESS	<b>415 4TH TERRACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUCOMB JEFFREY</b>	
STREET ADDRESS	<b>30153 BRISTOL LANE</b>	
CITY-ST-ZIP	<b>BINGHAM FARMS, MI 48025</b>	
TITLE	<b>V/S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROOKS, MARLENE J</b>	
STREET ADDRESS	<b>415 4TH TERRACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHITEHEAD, GORDON</b>	
STREET ADDRESS	<b>2241 NW 82 AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33024</b>	
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:

*Arthur A. Brooks*

**ARTHUR A. BROOKS, PRES. 4/9/02 772 220 9995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)