

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90149 020 ***150.00

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DOCUMENT # P99000098863

1. Entity Name
ADVANCED WORK VAN INTERIORS, INC.



Principal Place of Business
**3160 SE GRAN PKWY
STUART FL 34997**

Mailing Address
**3160 SE GRAN PKWY
STUART FL 34997**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0963895**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROOKS, ARTHUR A
415 4TH TERR
WEST PALM BEACH FL 33418**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BROOKS, ARTHUR A	
STREET ADDRESS	415 4TH TERR	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUCOMB, JEFFREY	
STREET ADDRESS	30153 BRISTOL LANE	
CITY-ST-ZIP	BINGHAM FARMS MI 48025	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BROOKS, MARLENE J	
STREET ADDRESS	415 4TH TERR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, WHITEHEAD	
STREET ADDRESS	2241 NW 82 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33-0242	
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
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Arthur A. Brooks **ARTHUR A. BROOKS, Pres.** 4/23/03 772 220 9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)