

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90114 048 ***150.00

0638864 AV

DOCUMENT # P99000099902

1. Entity Name
ADVANCED PROPERTY MANAGEMENT SERVICE, INC.



Principal Place of Business
37 MENTOR DR
NAPLES FL 34110

Mailing Address
37 MENTOR DR
NAPLES FL 34110

11010903



2. Principal Place of Business **Advanced Property Management Service, Inc.**
3. Mailing Address **Advanced Property Management Service, Inc.**

City, State & Zip
3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134

City, State & Zip
3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3610479**

Applied For

Not Applicable

Zip **Country**

Zip **Country**

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

6. Name and Address of Current Registered Agent

THOMPSON, SUSAN L
37 MENTOR DR
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name **SUSAN L. THOMPSON**
Advanced Property Management Service, Inc.
Street Address (P.O. Box Number is Not Acceptable)
3350 Woods Edge Circle, Ste 104
City **Bonita Springs, FL 34134** **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 *Susan L. Thompson* **SUSAN L. THOMPSON**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/20/03
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 **PT** ☐ Delete
NAME **THOMPSON, SUSAN L**
STREET ADDRESS **37 MENTOR DR**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **THOMPSON, DARRELL L**
STREET ADDRESS **37 MENTOR DR**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **VERROT, MARY A**
STREET ADDRESS **34 MENTOR DR**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Susan L. Thompson* **SUSAN L. THOMPSON** **2/20/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)