

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102813

1. Entity Name

ADVANCE DESIGN TECHNOLOGIES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90076 039 ***150.00

Principal Place of Business

2580-4 ANDALUSIA BLVD
CAPE CORAL FL 33909

Mailing Address

2580-4 ANDALUSIA BLVD
CAPE CORAL FL 33909

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

65-0976228

Applied For

Not Applicable

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

HOPEN, ANTON J
SMITH & HOPEN, P.A.
15950 BAY VISTA DR, SUITE 220
CLEARWATER FL 33760

Name

Paul Hutchins

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

11932 King James Ct

City

Cape Coral

FL

Zip Code

33991

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

Paul Hutchins
Signature, typed or printed name of registered agent and title if applicable.

Paul Hutchins
(NOTE: Registered Agent signature required when reinstating)

2/16/00
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	PD HUTCHINS, PAUL 11932 KING JAMES CT CAPE CORAL FL 33991	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

Paul Hutchins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul Hutchins 2/16/00 941-574-8009

CR2E034 (9/99)