

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **585968**

1. Entity Name
ADVANCED DESIGN CONCEPTS OF TALLAHASSEE, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

NEW

ADDRESS 00 MAY 23 PM 3:15

Principal Place of Business **Mailing Address**

1345 16th St NW Suite B **SAME**
WINTER HAVEN, FL 33881

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3085605** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAMMEN, JUDY M.
1345 16th St NW
WINTER HAVEN, FL 33881

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.

SIGNATURE _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JUDY M. HAMMEN 1345 16th St NW WINTER HAVEN, FL 33881	<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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003279605 -06/07/00--01025--001 ****300.00 ****300.00	<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
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: Judy M. Hammen **JUDY M. HAMMEN** **4-1-00** **863-298-0442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

ADVANCED DESIGN CONCEPTS, INC.

Corporate Design Services

May 3, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Our office sent our fee of \$150.00 for the year 2000 for our Corporation Fee (\$85968) on April 19, 2000. On May 3, 2000, I received a letter from your office stating we have been assessed a reinstatement fee. Upon reviewing our records we did not receive a 1999 report and our fee was not paid for 1999. We have been a Corporation since 1991 and have paid our fee on a timely basis.

We are writing to ask if the \$600.00 reinstatement fee can be waved? We are enclosing the corporation fee for 1999 and 2000 totaling \$300.00.

We thank you for your understanding in this matter.

Sincerely,

Judy M. Hammen, IIDA

1345 16TH Street NW, Suite B

Winter Haven, Florida 33881

863-298-0442

E-mail: jmhadc@gte.net