

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90028 049 ***150.00

DOCUMENT # J09915
 1. Entity Name
ADVANCED INVESTMENTS UNLIMITED, INC.

Principal Place of Business 2675 CRYSTAL BEACH RD. WINTER HAVEN FL 33880	Mailing Address 2675 CRYSTAL BEACH RD. WINTER HAVEN FL 33880-4913
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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 **59-2728669** Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent

CRUM, LYLE C.
2675 CRYSTAL BCH RD
WINTER HAVEN FL 33880

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 _____ (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, 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	
TITLE	PD <input type="checkbox"/> Delete
NAME	CRUM, LYLE C.
STREET ADDRESS	2675 CRYSTAL BEACH RD
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, MICHAEL J.
STREET ADDRESS	1258 CLIPPER BAY CT
CITY-ST-ZIP	POWDER SPRINGS GA 30127
TITLE	D <input type="checkbox"/> Delete
NAME	DANIELS, LARRY B.
STREET ADDRESS	16620 WILLOW GLEN DR
CITY-ST-ZIP	ODESSA FL 33556
TITLE	D <input type="checkbox"/> Delete
NAME	FIGLIO, RICHARD S.
STREET ADDRESS	2532 LAURELWOOD LANE
CITY-ST-ZIP	VALRICO FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Michael Hoffman
STREET ADDRESS	161 Longview Ave.
CITY-ST-ZIP	Celebration, FL 34747
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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: *Style Crum* **1-6-2000 941-294-2622**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #