

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90521 020 \*\*\*150.00

**DOCUMENT # P11110**



1. Entity Name  
**ADVANCE HOMES INC.**

Principal Place of Business  
**4215 E. 60TH STREET  
DAVENPORT IA 52807**

Mailing Address  
**4215 E. 60TH STREET  
DAVENPORT IA 52807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **42-0794211**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BARKER, R SCOTT  
12699 NEW BRITTANY BLVD  
FORT MYERS FL 33907**

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

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SEITZ, A. JEFFREY</b>	
STREET ADDRESS	<b>1705 SUSAN COURT</b>	
CITY-ST-ZIP	<b>BETTENDORF IA 52722</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WETZEL, BRUCE</b>	
STREET ADDRESS	<b>2135 NICHOLAS COURT</b>	
CITY-ST-ZIP	<b>BETTENDORF IA</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SEITZ, A. JEFFREY</b>	
STREET ADDRESS	<b>1705 SUSAN COURT</b>	
CITY-ST-ZIP	<b>BETTENDORF IA 52722</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEITZ, VELMA L.</b>	
STREET ADDRESS	<b>4221 E. 60TH STREET</b>	
CITY-ST-ZIP	<b>DAVENPORT IA 52807</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFF SEITZ</b>	
STREET ADDRESS	<b>10614 Restoration Terrace</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34212</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFF SEITZ</b>	
STREET ADDRESS	<b>10614 Restoration Terrace</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34212</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/03*  
Date

Daytime Phone #

CR2E034 (10/02)