

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90112 040 ***150.00

DOCUMENT # 328827

1. Entity Name
**AMERICAN DISH SERVICE COMPANY OF CENTRAL FLORIDA
, INC.**



Principal Place of Business
**9000-131 PLACE. NORTH
LARGO FL 33773
US**

Mailing Address
**9000-131 PLACE. NORTH
LARGO FL 33773
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1261619**

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

7. Name and Address of New Registered Agent

**GILBERT, ROSEMARY A
311 CRESTWOOD LANE
LARGO FL 33770**

Name

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

9000 131ST Place N

City

Largo

FL

Zip Code

33773

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **VD** ☐ Delete
NAME **GILBERT, FRANK C.**
STREET ADDRESS **14331 113TH AVE N.**
CITY-ST-ZIP **LARGO FL**

TITLE ☒ Change ☐ Addition
NAME **9000 131ST Place N**
STREET ADDRESS **Largo, FL 33773**
CITY-ST-ZIP

TITLE **PTD** ☐ Delete
NAME **GILBERT, ROSEMARY A**
STREET ADDRESS **311 CRESTWOOD LANE**
CITY-ST-ZIP **LARGO FL**

TITLE ☒ Change ☐ Addition
NAME **9000 - 131ST Place N.**
STREET ADDRESS **Largo, FL 33773**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GOLDEN, DEBRA A.**
STREET ADDRESS **1824 OAKDALE LANE S.**
CITY-ST-ZIP **CLWTR FL**

TITLE ☒ Change ☐ Addition
NAME **9000 - 131ST Place N.**
STREET ADDRESS **Largo, FL 33773**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GILBERT, BRUCE E**
STREET ADDRESS **311 CRESTWOOD LANE**
CITY-ST-ZIP **LARGO FL**

TITLE ☒ Change ☐ Addition
NAME **9000 - 131ST Place N.**
STREET ADDRESS **Largo, FL 33773**
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: Debra A. Golden, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03 (727) 585-8201

Date

Daytime Phone #

CR2E034 (10/02)