

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90230 044 \*\*\*\*61.25

**DOCUMENT # 752313**

1. Entity Name

**AD 2 TAMPA BAY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 24653  
 TAMPA FL 33623

P.O. BOX 24653  
 TAMPA FL 33623

**714606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2503487**

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

**GALLOWAY, GINGER**  
**10735 VILLAGE CLUB CIRCLE #105**  
**SAINT PETERSBURG FL 33716**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD GALLOWAY, GINGER**  
 STREET ADDRESS **10735 VILLAGE CLUB CIRCLE #105**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE  Change  Addition  
 NAME **PD Roman Coia**  
 STREET ADDRESS **1211 Hamlet Avenue, Studio A**  
 CITY-ST-ZIP **Clearwater, FL 33756**

TITLE  Delete  
 NAME **VPD JOHNSON, JIM**  
 STREET ADDRESS **14216 CYBER PLACE #104**  
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE  Change  Addition  
 NAME **VPD Devon Pero**  
 STREET ADDRESS **3450 East Lake RD Ste 200**  
 CITY-ST-ZIP **Palm Harbor FL 34685**

TITLE  Delete  
 NAME **TD WAGNER, BRANDON**  
 STREET ADDRESS **4216 CYBER PLACE #104**  
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE  Change  Addition  
 NAME **TD Christy Massie**  
 STREET ADDRESS **3771 Derby Drive #602**  
 CITY-ST-ZIP **Palm Harbor FL 34684**

TITLE  Delete  
 NAME **SD WILSON, DAMIAN**  
 STREET ADDRESS **15501 BRUCE B. DINKS BLVD**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE  Change  Addition  
 NAME **SD Cathy Garing**  
 STREET ADDRESS **5902 Memorial Hwy APT 1014**  
 CITY-ST-ZIP **Tampa FL 33615**

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 617, 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: Brandon Wagner  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 6, 2001. 727 641-3615  
 Date Daytime Phone #

CR2E037 (10/00)