2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#752313

City-St-Zip:

Entity Name: AD 2 TAMPA BAY, INC.

FILED Mar 22, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 24653 TAMPA, FL 33623 **Current Mailing Address: New Mailing Address:** P.O. BOX 24653 TAMPA, FL 33623 FEI Number: 59-2503487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLOWAY, GINGER 10735 VILLAGE CLUB CIRCLE #105 SAINT PETERSBURG, FL 33716 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition COIA, ROMAN PERO, DEVON Name: Name: 1211 HAMLET AVENUE, SNDIOA Address: 3450 EASTLAKE ROAD, STE 206 Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: PALM HARBOR, FL 34685 (X) Change () Addition Title: VPD () Delete Title: PERO, DDEVON Name: DOUTT, HEATHER Name: Address: 3450 EASTLAKE RD STE. 206 Address: 1504 W. BUELL COURT City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PLANT CITY, FL 33567 Title: () Delete Title: (X) Change () Addition MASSIE, CHRISTY REICHL, GINGER Name: Name: 3771 DERBY DRIVE #602 10735 VILLAGE CLUB CR. #105 Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: ST. PETERSBURG, FL 33716 Title: SD () Delete Title: SD (X) Change () Addition Name: GHARING, CATHY Name: ADAMS, MARISA 5902 MERMORIAL HWY ADT 1614 8009 FOUNTAIN AVENUE Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615 Title: () Delete Title: () Change (X) Addition ELMORE, CHRIS Name: Name: 5301 WEST CYPRESS ST., SUITE 100 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

TAMPA, FL 33709

SIGNATURE: GINGER GALLOWAY REICHL TD 03/22/2002