

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90085 020 ***150.00

DOCUMENT # H55613

1. Entity Name
AD PLUS, INC.

Principal Place of Business

**8910 ASTRONAUT BLVD
 SUITE 113
 CAPE CANAVERAL FL 32920
 US**

Mailing Address

**8910 ASTRONAUT BLVD
 SUITE 113
 CAPE CANAVERAL FL 32920
 US**

2. Principal Place of Business

1970 Michigan Avenue

Suite, Apt. #, etc.

Bldg. I, Suite 10

City & State

Cocoa, FL

Zip
32922

Country
USA

3. Mailing Address

1970 Michigan Avenue

Suite, Apt. #, etc.

Bldg. I, Suite 10

City & State

Cocoa, FL

Zip
32922

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2537798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOLF, ROGER

8910 ASTRONAUT BLVD

SUITE 113

CAPE CANAVERAL FL 32920-0545

Name

Roger Wolf

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

1970 Michigan Avenue

Bldg. I, Suite 10

City

Cocoa, FL

FL

Zip Code

32922

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

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, 2002 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 **DP** ☐ Delete
 NAME **WOLF, ROGER**
 STREET ADDRESS **8910 ASTRONAUT BLVD., SUITE 113**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **ST** ☐ Delete
 NAME **WOLF, PATRICIA**
 STREET ADDRESS **8910 ASTRONAUT BLVD., SUITE 113**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☐ Addition
 NAME **Wolf, Roger**
 STREET ADDRESS **1970 Michigan Ave., Bldg. I, Ste 10**
 CITY-ST-ZIP **Cocoa, FL 32922**

TITLE **ST** ☐ Change ☐ Addition
 NAME **Wolf, Patricia**
 STREET ADDRESS **1970 Michigan Ave., Bldg. I, Ste 10**
 CITY-ST-ZIP **Cocoa, FL 32922**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

ROGER WOLF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-2002

CR2E034 (9/01)