

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90016 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000096423**

1. Entity Name  
**AD-TEK OF TALLAHASSEE, INC.**

Principal Place of Business

**428 COLLINSFORD RD  
TALLAHASSEE FL 32301  
US**

Mailing Address

**428 COLLINSFORD RD  
TALLAHASSEE FL 32301  
US**

2. Principal Place of Business

**9923 Silver Creek Road**

Suite, Apt. #, etc.

3. Mailing Address

**9923 Silver Creek Road**

Suite, Apt. #, etc.

City & State

**Dallas, TX**

City & State

**Dallas, TX**

4. FEI Number

**59-3351462**

Applied For

Not Applicable

Zip

**75243**

Country

**USA**

Zip

**75243**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOTTSCALK, VIRGINIA A  
428 COLLINSFORD RD  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

**Virginia A. Gottschalk**

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

**1401 B McCauley Road**

City

**Tallahassee**

**FL**

Zip Code  
**32308**

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 ☒

**Virginia A. Gottschalk**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **GOTTSCALK, VIRGINIA A**  
CITY-ST-ZIP **428 COLLINSFORD ROAD  
TALLAHASSEE FL**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GOTTSCALK, ROBERT L**  
CITY-ST-ZIP **428 COLLINSFORD ROAD  
TALLAHASSEE FL**

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 ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Gottschalk, Virginia A.**  
CITY-ST-ZIP **1401 B McCauley Road  
Tallahassee, FL 32308**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Gottschalk, Robert L.**  
CITY-ST-ZIP **9923 Silver Creek Road  
Dallas, TX 75243**

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:**

**Virginia A. Gottschalk**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)