

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 153520

1. Entity Name

ADSONS, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90011 006 ***150.00

Principal Place of Business
4310 PABLO OAKS CT.
JACKSONVILLE FL 32224
US

Mailing Address
P.O. BOX 19366
JACKSONVILLE FL 32245-9366
US

0001714J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-6078065		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SKELTON, H.J. 4310 PABLO OAKS CT. JACKSONVILLE FL 32224				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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, L.W.	NAME	
STREET ADDRESS	ONE RIVERFRONT PLAZA SUITE 1404	STREET ADDRESS	ONE RIVERFRONT PLAZA SUITE 1810
CITY-ST-ZIP	LOUISVILLE KY	CITY-ST-ZIP	
TITLE	CD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ROBERT D	NAME	
STREET ADDRESS	4310 PABLO OAKS CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, SUSAN C.	NAME	
STREET ADDRESS	4310 PABLO OAKS CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, H.J.	NAME	
STREET ADDRESS	4310 PABLO OAKS CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VAS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, H. D.	NAME	
STREET ADDRESS	4310 PABLO OAKS CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOWE, D.C.	NAME	
STREET ADDRESS	4310 PABLO OAKS CT.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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:

Susan C. Thorne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan C. Thorne

1-17-00

904/223-7480

Date

Daytime Phone #