

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90255 045 \*\*\*150.00

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AV

**DOCUMENT # 647900**

1. Entity Name  
**ADVANCED DESIGN SYSTEMS, INC.**



Principal Place of Business  
**400 COMMERCE WAY STE 116  
LONGWOOD FL 32771  
US**

Mailing Address  
**400 COMMERCE WAY STE 116  
LONGWOOD FL 32771  
US**

2. Principal Place of Business

**400 Commerce Way**

3. Mailing Address

**400 Commerce Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**120**

**120**

City & State

City & State

**Longwood, FL**

**Longwood, FL**

Zip

Zip

**32750**

Country

**USA**

**32750**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1949200**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STONEROCK, VERNON  
612 APPLEWOOD AVENUE  
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	STONEROCK, VERNON D	
STREET ADDRESS	612 APPLEWOOD AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	S	<input type="checkbox"/> Delete
NAME	STONEROCK, VERNON D	
STREET ADDRESS	612 APPLEWOOD AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

**VERNON D. STONEROCK** **5 March 2003** **407.265.0797**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)