

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 10, 2000 8:00 am  
Secretary of State

02-10-2000 90057 010 \*\*\*163.70

**DOCUMENT # 681273**

1. Entity Name

**AD INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

~~208 BLUFFWOOD DR.~~  
~~DANVILLE KY 40422~~  
~~US~~

~~208 BLUFFWOOD DR.~~  
~~DANVILLE KY 40422-0700~~  
~~US~~

2. Principal Place of Business

**8383 Satinleaf Court**  
Suite, Apt. #, etc.

3. Mailing Address

**Same**  
Suite, Apt. #, etc. **u**

City & State

**Vero Beach, Fl.**

City & State

**u**

4. FEI Number

**59-2017705**

Applied For

Not Applicable

Zip

**32963**

Country

**Indian River**

Zip

**u**

Country

**u**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TODD, JOHN D.,**  
**639 E. OCEAN AVE., #305**  
**BOYNTON BEACH FL 33435**

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. ☐  
(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. ☒

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DEMAREST, GEORGE</b>	
STREET ADDRESS	<b>208 BLUFFWOOD DRIVE</b>	
CITY-ST-ZIP	<b>DANVILLE KY 40422</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>DEMAREST, ANNE D</b>	
STREET ADDRESS	<b>208 BLUFFWOOD DRIVE</b>	
CITY-ST-ZIP	<b>DANVILLE KY 40422</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>TOMBUL, DESIREE</b>	
STREET ADDRESS	<b>1380 CHRISMAN LANE</b>	
CITY-ST-ZIP	<b>DANVILLE KY 40422</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8383 Satinleaf Court</b>	
STREET ADDRESS	<b>Vero Beach, Fl. 32963</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8383 Satinleaf Court</b>	
STREET ADDRESS	<b>Vero Beach, Fl. 32963</b>	
CITY-ST-ZIP		
TITLE	<b>925 (ad) 985</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Seagrave Lane</b>	
STREET ADDRESS	<b>Vero Beach, Fl. 32963</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Anne D. Demarest**  
**561-231-5811**