FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # 681273** 1. Entity Name AD INDUSTRIES, INC. 02-05-2001 90106 028 ***150.00 Principal Place of Business Mailing Address 8383 SATINLEA COURT 8383 SATINLEA COURT 710723 VERO BEACH FL 32963 VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE Applied For City & Sta 4. FEI Number 59-2017705 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name vent Registered A Name TODD, JOHN D., Street Address (P.O. Box Number is Not Acceptable) 639 E. OCEAN AVE., #305 **BOYNTON BEACH FL 33435** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE DEMAREST, GEORGE STREET ADDRESS STREET ADDRESS 8383SATINLEZ COURT CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE ☐ Delete TITLE ☐ Addition NAME NAME DEMAREST, ANNE D STREET ADDRESS STREET ADDRESS 8383 SANTINLEZ COURT CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Change ---- Addition ----TITLE TITLE STD' Delete NAME NAME TOMBUL, DESIREE STREET ADDRESS STREET ADDRESS 935 SEAGRAPE LANE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental peport is true and accurate and that my significance 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 leport 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.

561-231-581

SIGNATURE(

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICE