

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90064 019 \*\*\*\*61.25

**DOCUMENT #** 839781

1. Entity Name  
ANTI DRUG VITAL INFORMATION & COMMUNICATIONS  
EXCHANGE (ADVISE) INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1225 Bennett DR  
Suite, Apt. #, etc.  
146

3. Mailing Address  
Box 1187  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Longwood FL  
Zip  
32768  
Country  
USA

City & State  
Plymouth FL  
Zip  
32768  
Country  
USA

4. FEI Number  
393045552

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name SHULMAN, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)  
3800 HIDEAWAY RD #1187

Plymouth

FL Zip Code  
32768

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 reinstalling)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME D SHULMAN MICHAEL  
STREET ADDRESS  
Box 1187  
CITY - ST - ZIP  
Plymouth FL 32768

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BIRDS, SID  
1833 BONDWORTH CT  
APO KA FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MOORE, HENRY  
617 N 427  
Longwood FL 32752

TITLE  
NAME  
STREET ADDRESS  
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**DO NOT WRITE  
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Michael Shulman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)