

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90545 016 \*\*\*150.00

DOCUMENT # F02000002224

1. Entity Name

APPLICATION DEVELOPMENT RESOURCES INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
980 WHITE OAK PASS

3. Mailing Address  
980 WHITE OAK PASS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20018985

DO NOT WRITE IN THIS SPACE

City & State  
ALPHARETTA GA

City & State  
ALPHARETTA GA

4. FEI Number  
582572651

Applied For  
Not Applicable

Zip  
30005

Country  
USA

Zip  
30005

Country  
USA

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

7. Name and Address of Registered Agent

Name  
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

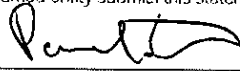
City  
MIAMI

FL

Zip Code  
33131

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



PAUL SMITH, VICE PRESIDENT

01-24-03

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)

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

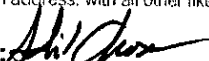
11. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS     | CITY - ST - ZIP     | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|-----------------|--------------------|---------------------|-------|------|----------------|-----------------|
| P     | CHOKSEY, ADIL   | 980 WHITE OAK PASS | ALPHARETTA GA 30005 |       |      |                |                 |
| VP    | CHOKSEY, DAKSHA | 980 WHITE OAK PASS | ALPHARETTA GA 30005 |       |      |                |                 |
|       |                 |                    |                     |       |      |                |                 |
|       |                 |                    |                     |       |      |                |                 |
|       |                 |                    |                     |       |      |                |                 |
|       |                 |                    |                     |       |      |                |                 |
|       |                 |                    |                     |       |      |                |                 |

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



ADIL CHOKSEY, P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

404-374-2331

Date

Daytime Phone #

CR2E034B (12/01)