

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90023 020 ***150.00

DOCUMENT # F03000000635

1. Entity Name

AMERICAN DOCUMENT MANAGEMENT GROUP INC.



Principal Place of Business

131 CONTINENTAL DRIVE
SUITE 202
NEWARK DE 19713

Mailing Address

131 CONTINENTAL DRIVE
SUITE 202
NEWARK DE 19713

2. Principal Place of Business

101 NE THIRD AVE

Suite, Apt. #, etc.

1250

City & State

FORT LAUDERDALE, FL

Zip

FL 33301

Country

BROWARD

3. Mailing Address

101 NE THIRD AVE

Suite, Apt. #, etc.

1250

City & State

FORT LAUDERDALE, FL

Zip

33301

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

62-1431236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERKINS, RONALD G
101 NE THIRD AVE. SUITE 4500 1250
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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. 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, 2004 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

TITLE C ☐ Delete
NAME PERKINS, RONALD G
STREET ADDRESS 2110 N. OCEAN BLVD. #1202
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE P ☐ Delete
NAME UNGER, KAREN S
STREET ADDRESS 2110 N. OCEAN BLVD. #1202
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Ronald G Perkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/04

Date

954-462-8400

Daytime Phone #