2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED May 11, 2000 8:00 am Secretary of State **DOCUMENT # F04997** 1. Entity Name ADTECH ELECTRIC ADVERTISING, INC. 05-11-2000 90287 020 ***150.00 Principal Place of Business Mailing Address 180 COMMERCE DRIVE NORTH 180 COMMERCE DRIVE NORTH LARGO FL 33770 LARGO FL 33770-1829 US us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2042989 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SILVERS, RICHARD G. Street Address (P.O. Box Number is Not Acceptable) ADTECH ELECTRIC ADVERTISING, INC. 180 COMMERCE DRIVE NORTH **LARGO FL 33770** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. ☐ Change Addition Delete TITLE 74005 Z NAME SILVERS, RICHARD G. NAME STREET ADDRESS 12 12 37 ST 16 . STREET ADDRESS 9948-133RD ST NORTH CITY-ST-7IP F 4004 # CITY-ST-ZIP SEMINOLE FL ☐ Addition ST ☐ Delete TITLE Change TITLE SILVERS, NANCY S. NAME E TOMBER STREET NAME STREET ADDRESS 美国 经通过 (1877) STREET ADDRESS 9948-133RD ST NORTH CITY-ST-ZIP - 5,700 CITY-ST-ZIP SEMINOLE FL ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete DITTE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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