

2001 UNIFORM BUSINESS REPORT (UBR)

0133087 AT

DOCUMENT # F97000005946

1. Entity Name

AD VENTURES ADVERTISING, INC.

FILED

01 SEP 28 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 E. LAS OLAS BLVD., SUITE 1760
FORT LAUDERDALE FL 33301

Mailing Address

~~440 VIKING DRIVE, SUITE 100~~
VIRGINIA BEACH VA 23452

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1432533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Peter J. Heinz

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

City

FL

Zip Code

~~GENTRG, MICHAEL A~~

200 E. LAS OLAS BLVD., SUITE 1760
FORT LAUDERDALE FL 33301

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

Peter J. Heinz, General Manager

7-6-2001

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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LACKEY, ERIC G**
CITY-ST-ZIP **2004 REGATTA CIRCLE**
VIRGINIA BEACH VA 23454

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **LACKEY, RENEE R**
CITY-ST-ZIP **2004 REGATTA CIRCLE**
VIRGINIA BEACH VA 23454

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **TAKACH, JOSEPH**
CITY-ST-ZIP **948 MORADO COURT**
VIRGINIA BEACH VA 23456

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **TAKACH, PAIGE S**
CITY-ST-ZIP **948 MORADO COURT**
VIRGINIA BEACH VA 23456

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500004627465-5**
CITY-ST-ZIP **-10/08/01--01081--010**
*******550.00 *****550.00**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH TAKACH 7/12/01 757-340-7425
Date Daytime Phone #

CR2E034 (5/01)