

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001631**

1. Entity Name

ADS ELECTRONICS OF CENTRAL FLORIDA, INC.**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91009 020 ***158.75

Principal Place of Business

**338 COLLEN DR.
LOMBARD IL 60148**

Mailing Address

**338 COLLEN DR.
LOMBARD IL 60148**

2. Principal Place of Business

600 Windy Point Drive

Suite, Apt. #, etc.

3. Mailing Address

600 Windy Point Drive

Suite, Apt. #, etc.

City & State

Glendale Heights, IL

Zip

60139

Country

City & State

Glendale Heights, IL

Zip

60139

Country

4. FEI Number

36-4282781

Applied For

Not Applicable

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

- 6. Name and Address of Current Registered Agent -

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY RD.
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

Marek Olesiak

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

305 North Drive

City

Melbourne**FL**Zip Code
32934

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

President**February 2, 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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PATEL, BHARAT 338 COLLEN DR. LOMBARD IL 60148	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RAICHURA, JITENDRA M 1318 S. FINLEY RD. LOMBARD IL 60148	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ECONOMOS, PETER C 205 N. MICHIGAN AVE. CHICAGO IL 60601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 Windy Point Drive Glendale Heights, IL 60139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 Windy Point Drive Glendale Heights, IL 60139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marek Olesiak 305 North Drive Melbourne, FL 32934	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**President 2/2/2001 321-253-0303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0587845

CR2E034 (10/00)