

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90198 024 ***150.00

0633008 AV

DOCUMENT # G15151



1. Entity Name
AD DESIGNS OF NAPLES, INC.

Principal Place of Business
**AD DESIGNS OF NAPLES INC.
826 ANCHOR RODE DR.
NAPLES FL 34103-739
US**

Mailing Address
**AD DESIGNS OF NAPLES INC.
826 ANCHOR RODE DR
NAPLES FL 34103-739
US**



2. Principal Place of Business
838 Anchor Rode Dr.
Suite, Apt. #, etc.

3. Mailing Address
838 Anchor Rode Dr.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Naples, FL
Zip
34103-739
Country
USA

City & State
Naples, FL
Zip
34103-739
Country
USA

4. FEI Number **59-2246410**

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

**HOOVER, CAROLYN A.
5252 SAND DOLLAR LANE
NAPLES FL 34103**

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 *C. Hoover, Pres.*

4/15/03

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **STP HOOVER, CAROLYN**
STREET ADDRESS **5252 SAND DOLLAR LN**
CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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: *C. Hoover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

239-263-2021

Daytime Phone #

CR2E034 (10/02)