

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17767

1. Entity Name
A. D. I. SERVICES, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90307 002 ***150.00

Principal Place of Business
2749-ERNEST ST
JACKSONVILLE FL 32205

Mailing Address
2749-ERNEST ST
JACKSONVILLE FL 32205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2749-1 ERNEST ST.
Suite, Apt. #, etc.

3. Mailing Address
2749-1 ERNEST ST.
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLA.
Zip
32205
Country
U.S.A.

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JACKSONVILLE, FLA.
Zip
32205
Country
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4. FEI Number 59-2652632

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

DENNIS RAY SHEARER
7415 TINTERN CIR N
JACKSONVILLE FL 32210

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.

SIGNATURE _____ (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 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 PT
NAME SHEARER, DENNIS RAY
STREET ADDRESS 7415 TINTERN CIR N
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE SEV
NAME SHEARER, LINDA JOYCE
STREET ADDRESS 7415 TINTERN CIR N
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Dennis Ray Shearer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 904-384-0620
Date Daytime Phone #

CR2E034 (10/00)