

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90252 009 \*\*\*150.00

DOCUMENT # J68312

1. Entity Name

ADVERTISING DESIGN, INC.

Principal Place of Business

1018 WHIDDEN AV  
 CEDAR KEY, FL  
 32625

Mailing Address

PO BOX 46  
 CEDAR KEY, FL  
 32625

A0068437

2. Principal Place of Business

1018 WHIDDEN AV

3. Mailing Address

PO BOX 46

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CEDAR KEY FL

City & State

CEDAR KEY FL

4. FEI Number

59-2796723

Applied For

Not Applicable

Zip  
 32625

Country  
 USA

Zip  
 32625

Country  
 USA

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  
 Causey, Kathryn J  
 Street Address (P.O. Box Number is Not Acceptable)  
 12421 SR 24

City  
 Cedar Key

FL Zip Code  
 32625

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P, D
STREET ADDRESS	Connie Raftis
CITY - ST - ZIP	1018 Whidden Av Cedar Key, FL 32625
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP, S, D
STREET ADDRESS	MICHAEL J RAFTIS
CITY - ST - ZIP	1018 WHIDDEN AV CEDAR KEY, FL 32625
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Causey, Kathryn J.
STREET ADDRESS	12421 SR 24
CITY - ST - ZIP	Cedar Key, FL 32625
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01

Daytime Phone #

352-543-6271