

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90136 008 ****50.00

DOCUMENT # L01000016794

1. Entity Name
AD SPECIALISTS LLC

Principal Place of Business

Mailing Address

2717 N.W. 62 STREET
 SUITE 600
 FT. LAUDERDALE FL 33309

2717 N.W. 62 STREET
 SUITE 600
 FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

2005 W Cypress Creek Rd
 Suite, Apt. #, etc.
 104

SAME
 Suite, Apt. #, etc.

City & State
 Fort Lauderdale FL

City & State

Zip
 33309

Country
 US

Zip

Country

4. FEI Number
 65-1141744

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED
 1000 WEST AVENUE, SUITE 1114
 MIAMI BEACH FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
POTTS, SEAN
876 NW 83RD DRIVE
CORAL SPRINGS FL 33071

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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 CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-14-02 954-77-8122

CR2E083 (4/02)