

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

1541111111
 AV

04-17-2002 90058 014 ***150.00

DOCUMENT # L15704

1. Entity Name
AUTOMATED ADVERTISING INC.

Principal Place of Business
 % EDMOND HENRY CROUGHWELL
 14931 CASTLEGATE AVE., SUITE 101
 DAVIE FL 33331

Mailing Address
 % EDMOND HENRY CROUGHWELL
 14931 CASTLEGATE AVE., SUITE 101
 DAVIE FL 33331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5731 Castlegate Ave
 Suite, Apt. #, etc.

3. Mailing Address
 5731 Castlegate Ave
 Suite, Apt. #, etc.

City & State
 Ft Lauderdale FL
Zip
 33331
Country
 USA

City & State
 Ft Lauderdale FL
Zip
 33331
Country
 USA

4. FEI Number 65-0143371

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CROUGHWELL, EDMOND HENRY
 14931 CASTLEGATE AVE
 DAVIE FL 33331

7. Name and Address of New Registered Agent

Name Same
Street Address (P.O. Box Number is Not Acceptable) 5731 Castlegate Ave
City Ft Lauderdale **FL** **Zip Code** 33331

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 Edmond H Croughwell

(NOTE: Registered Agent signature required when reinstating)

DATE 4/17/02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CROUGHWELL, EDMOND HENRY 14931 CASTLEGATE AVE DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSC CROUGHWELL, EDMOND HENRY 14931 CASTLEGATE AVE DAVIE FL	<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
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	5731 Castlegate Ave Ft Lauderdale FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5731 Castlegate Ave Ft Lauderdale FL 33331	<input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 954-434-4505

Date

Daytime Phone #

CR2E034 (9/01)