

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94633

1. Entity Name

AUTOMATED DIRECTORY SERVICES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90030 022 ***150.00

Principal Place of Business

12203 SW 132 CT
MIAMI FL 33186

Mailing Address

12203 SW 132 CT
MIAMI FL 32744-0136

2. Principal Place of Business

LAKEVIEW
142 SOUTH LAKEVIEW DR.
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 136
Suite, Apt. #, etc.

City & State

LAKE HELEN FL.

City & State

LAKE HELEN, FL

4. FEI Number

65-0220683

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

MARTIN, MICHAEL J
12203 SW 132 CT
MIAMI FL 33186

Name

MICHAEL J MARTIN

Street Address (P.O. Box Number is Not Acceptable)

142 SOUTH LAKEVIEW DRIVE

City LAKE HELEN

FL

Zip Code

32744

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

(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, 2000 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 PST
NAME MARTIN, MICHAEL J
STREET ADDRESS 12203 SW 132 CT
CITY-ST-ZIP MIAMI 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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)