

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M91653**

1. Entity Name

**AD-MARKET, INC.****FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90073 047 \*\*\*150.00

0459152

Principal Place of Business

9775 CREEKFRONT RD  
2202  
JACKSONVILLE FL 32256  
US

Mailing Address

P O BOX 551737  
JACKSONVILLE FL 32255  
US

J O U R N A L

2. Principal Place of Business

1510 S. 2nd St  
Suite, Apt. #, etc.

3. Mailing Address

1510-A S. 2nd St  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Jacksonville Beach, FL

City &amp; State

Jacksonville Beach, FL

4. FEI Number 59-2901148

Applied For

Not Applicable

Zip 32250

Country USA

Zip 32250

Country USA

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

6. Name and Address of Current Registered Agent

CARAWAY, JOHN E  
9775 CREEKFRONT RD  
2202  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

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, 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

TITLE CPD  
NAME CARAWAY, JOHN E  
STREET ADDRESS 9775 CREEKFRONT RD 2202  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 1510-A South 2nd Street  
CITY-ST-ZIP Jacksonville Beach, FL 32250 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)