

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90724 029 \*\*\*158.75

CR2E034 AV

**DOCUMENT #** P00000023634

1. Entity Name  
**PHONE ADS INTERNATIONAL INC.**



Principal Place of Business  
**2011 CLEVELAND STREET**  
**A**  
**TAMPA FL 33606**

Mailing Address  
**2011 CLEVELAND STREET**  
**A**  
**TAMPA FL 33606**

11040021



2. Principal Place of Business  
**1902 W. Kennedy Blvd.**  
Suite, Apt. #, etc.  
**Suite A.**  
City & State  
**Tampa, FL.**  
Zip  
**33606** Country  
**USA.**

3. Mailing Address  
**1902 W. Kennedy Blvd.**  
Suite, Apt. #, etc.  
**Suite A.**  
City & State  
**Tampa, FL.**  
Zip  
**33606** Country  
**USA.**

☐ CHECK HERE IF MAKING CHANGES


6. Name and Address of Current Registered Agent  
**HATOUM, TAREK**  
**2011 CLEVELAND STREET**  
**A**  
**TAMPA FL 33606**

4. FEI Number **59-3656698** Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
**Hatoum, Tarek**  
Street Address (P.O. Box Number is Not Acceptable)  
**1902 W. Kennedy Blvd.**  
**A.**  
City  
**Tampa** FL Zip Code  
**33606**

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  **Hatoum, Tarek** DATE **4/16/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HATOUM, TAREK S 2011 CLEVELAND ST. SUITE A TAMPA FL 33606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>* Vice President * LYNN E. MAXWELL JR. * 1902 W. Kennedy Blvd., Suite A. * TAMPA, FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Hatoum, Tarek S 1902 W. Kennedy Blvd., Suite A. Tampa, FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Hatoum, Tarek** DATE **4/16/2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)