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2001 UNIFORM BUSINESS REPORT (UBR)

May 29, 2001 8:00 am Secretary of State DOCUMENT # P0000035317 1. Entity Name 05-11-2001 90115 041 ***150.00 AD2IT, INC. Principal Place of Business Mailing Address 5146 KERNWOOD COURT 5148 KERNWOOD COURT PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-30 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORTON: CHRISTOPHER K-Street Address (P.O. Box Number is Not Acceptable) 5146 KERNWOOD COURT PALM HARBOR FL 34685 Zip Code 8. The above named entity submits this statement for the purpose of changing its repistered office or registered agent, or both, in the State of Florida. SIGNATURE 2 (NOTE: A gistered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Celete President Christopher K Norton NAME NAME STREET ADDRESS STREET ADDRESS 5146 Kernwood Ct Palm Harbor, FL 34685 CITY-ST-ZIP CITY-ST-ZIP Teresa V Norton, Secretary Z Addition TITLE ☐ Delete TITLE NAME 5,46 Kernwood Ct NAME STREET ADDRESS STREET ADDRESS Palm Harbor, PL 34685 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 of the corporation or the rece changed, or on an attachmen SIGNATURE: