2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2001 8:00 am DOCUMENT # P0000045853 **Secretary of State** 1. Entity Name ADPLUS ADVERTISING, INC. 02-21-2001 90016 045 ***150.00 Principal Place of Business DID Added Mailing Address 4106 CENTRAL SARASOTA PARKWAY. #1025 4106 CENTRAL SARASOTA PARKWAY. #1025 しりりとろうりち SARASOTA FL 34238 SARASOTA FL 34238 NEW Address. 3. Mailing Address Ole King Palm Count 206 King DO NOT WRITE IN THIS SPACE Applied For Gity & State というと 4. FEI Number 65/009783 Not Applicable \$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 BERGERON, SHAWN 4106 CENTRAL SARASOTA PARKWAY, #1025 SARASOTA-F2 34238 34292 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida 1-29-2001 SIGNATURE Signature, typ (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change : ☐ Addition TITLE TITLE Delete JOAN M BERGERON 206 King PAIM COUNT VENICE | 34292 BERGERON, SHAWN M NAME NAME STREET ADDRESS 4106 CENTRAL SARASOTA PARKWAY, #1025 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 Old Add. TITLE ☐ Delete TITLE BERGERON, JOAN M NAME NAME 4106 CENTRAL SARASOTA PARKWAY, #1025 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Old Addus SARASOTA FL 34238 TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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. 1-29-2001 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR