

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90474 041 ***150.00

DOCUMENT # P00000045853

1. Entity Name
ADPLUS ADVERTISING, INC.

Principal Place of Business

206 KING PALM COURT
VENICE FL 34292

Mailing Address

206 KING PALM COURT
VENICE FL 34292

Joan LeBlanc Ber

5621 Monte Rosso

SARASOTA, FL 34245

DUUBJZ1U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5621 Monte Rosso Road
SARASOTA, FL 34243

3. Mailing Address

5621 Monte Rosso Road
SARASOTA, FL 34243

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-1009783

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERGERON, JOAN M
206 KING PALM COURT
VENICE FL 34292

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

Joan M. LeBlanc - Bergeron

1-19-02

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, 2002 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 **PD** ☐ **Delete**

NAME *BERGERON, SHAWN M*
STREET ADDRESS *4106 CENTRAL SARASOTA PARKWAY, #1025*
CITY-ST-ZIP *SARASOTA FL 34238*

TITLE *VP President* ☐ **Delete**

NAME *BERGERON, JOAN M*
STREET ADDRESS *4106 CENTRAL SARASOTA PARKWAY, #1025*
CITY-ST-ZIP *SARASOTA FL 34238*

TITLE ☐ **Delete**

NAME *SHAWN RELEASED OF*
STREET ADDRESS *DUTY OF PRES BACK IN JUNE*
CITY-ST-ZIP *or IN August 2001*

TITLE ☐ **Delete**

NAME *NO LONGER ON DUTY*
STREET ADDRESS *Shawn Bergeron*
CITY-ST-ZIP

TITLE ☐ **Delete**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**

NAME *NO LONGER.*
STREET ADDRESS *I sent changes back in*
CITY-ST-ZIP *May or June of 2001*

TITLE ☐ **Change** ☐ **Addition**

NAME *Called & confirmed*
STREET ADDRESS *changes, why are you*
CITY-ST-ZIP *sending me this information?*

TITLE ☐ **Change** ☐ **Addition**

NAME *And I paid 500 for*
STREET ADDRESS *the change*
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
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:

Joan M. LeBlanc Bergeron

1-19-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-582-5626

CR2E034 (9/01)