

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90319 003 ***150.00

0030010 AV

DOCUMENT # P00000062093

1. Entity Name
AD-MOTION, INC.



Principal Place of Business
**1040 SEMINOLE DRIVE
SUITE 1153
FORT LAUDERDALE FL 33304**

Mailing Address
**1040 SEMINOLE DRIVE
SUITE 1153
FORT LAUDERDALE FL 33304**

2. Principal Place of Business
3020 NE 32 Ave, #1421

3. Mailing Address
3020 NE 32 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1421

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
65-1028838

Applied For
Not Applicable

Zip
33308

Country
USA

Zip
33308

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, OLGA
1040 SEMINOLE DRIVE
SUITE 1153
FORT LAUDERDALE FL 33304**

Name
Hall, Olga
Street Address (P.O. Box Number is Not Acceptable)
3020 NE 32 Ave #1407
City
Fort Lauderdale **FL** Zip Code
33308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
**PSTD
HALL, OLGA
1040 SEMINOLE DRIVE SUITE 1153
FORT LAUDERDALE, FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
HALL, OLGA
3020 NE 32 Ave #1407
Fort Lauderdale, FL 33308** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HALL, ADAM M
1040 SEMINOLE DRIVE SUITE 1153
FORT LAUDERDALE FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HALL, Adam
3020 NE 32 Ave #1407
Fort Lauderdale, FL 33308** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03

Date

954-567-9847

Daytime Phone #

CR2E034 (10/02)