

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90009 024 ***150.00

DOCUMENT # P00000075721

1. Entity Name
ADVANCED DATA SOLUTIONS AND CONSULTING, INC.

Principal Place of Business
1950 COURTNEY DRIVE, #207
FORT MYERS FL 33901

Mailing Address
1950 COURTNEY DRIVE, #207
FORT MYERS FL 33901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14445 S.W. 95 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

4. FEI Number

65-1035663

Applied For

Not Applicable

Zip

Country

Zip

Country

33176 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'TOOLE, CHARLES
1950 COURTNEY DRIVE, #207
FORT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

14445 S.W. 95 Avenue

City

Miami

FL

Zip Code

33176

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 *Charles O'Toole III*
 Signature, typed or printed name of registered agent and title if applicable.

Charles O'Toole III

DATE

4/15/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D O'TOOLE, CHARLES III**
STREET ADDRESS **1950 COURTNEY DRIVE, #207**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition
NAME **O'toole, Charles III**
STREET ADDRESS **14445 S.W. 95 Avenue**
CITY-ST-ZIP **Miami FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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: *Charles O'Toole III*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

305 724-6343
941-886-3013
 Daytime Phone #

CR2E034 (9/01)