

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90464 022 \*\*\*150.00

**DOCUMENT # P01000070801**

1. Entity Name

ADA DESIGN & SERVICES, INC.

Principal Place of Business

Mailing Address

8700 S. ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32809

8700 S. ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32809



2. Principal Place of Business

3. Mailing Address

8700 S. Orange Blossom Trail

8700 S. Orange Blossom Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

522

522

City & State

Orlando

City & State

Florida

Zip

32809

Country

USA

Zip

32809

Country

USA

4. FEI Number

59-3131376

Applied For

Not Applicable

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

OLIVER, THERESA  
 8700 S. ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32809

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME TERBORG, OSWALD  
 STREET ADDRESS 8700 S. ORANGE BLOSSOM TRAIL  
 CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSWALD TERBORG

4/15/02

407-222-6778

Date

Daytime Phone #

CR2E034 (9/01)