

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071674

1. Entity Name
ADS RESPONSECORP, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91834 048 ***150.00

Principal Place of Business
888 SE 3 AVENUE SUITE 501
FORT LAUDERDALE FL 33316

Mailing Address
888 SE 3 AVENUE SUITE 501
FORT LAUDERDALE FL 33316



2. Principal Place of Business
400 SE 12 Street
Suite, Apt. #, etc.
Bldg #E
City & State
Fort Lauderdale, FL
Zip 33316 Country USA

3. Mailing Address
400 SE 12 Street
Suite, Apt. #, etc.
Bldg #E
City & State
Fort Lauderdale, FL
Zip 33316 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1123516
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARRON, ROBERT W
350 EAST LAS OLAS BLVD SUITE 1000
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
Walter L. Morgan
Street Address (P.O. Box Number is Not Acceptable)
315 NE 3rd Ave., #200
City Fort Lauderdale FL Zip Code 33301

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 *Walter L. Morgan*
Signature, typed or printed name of registered agent and date if applicable.

Walter L. Morgan

4/30/03

(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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | FORMAN, M AUSTIN | |
| STREET ADDRESS | 888 SE 3 AVENUE SUITE 501 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GREEN, STEVEN | |
| STREET ADDRESS | 888 SE 3 AVENUE, SUITE 501 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MAHANEY, TOM | |
| STREET ADDRESS | 888 SE 3 AVE, SUITE 501 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BALDWIN, BYRON | |
| STREET ADDRESS | 888 SE 3 AVE, SUITE 501 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DONAHUE, PHIL | |
| STREET ADDRESS | 888 SE 3 AVE, SUITE 501 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Philip Dolamore | |
| STREET ADDRESS | 400 SE 12 Street | |
| CITY-ST-ZIP | Fort Lauderdale, FL 33316 | |
| TITLE | S/T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Byron Baldwin | |
| STREET ADDRESS | 400 SE 12 Street | |
| CITY-ST-ZIP | Fort Lauderdale, FL 33316 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rick Collum | |
| STREET ADDRESS | 1301 SW 67 Avenue | |
| CITY-ST-ZIP | Plantation, FL 33317 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | David Hirschman | |
| STREET ADDRESS | 2660 Castilla Isle | |
| CITY-ST-ZIP | Fort Lauderdale, FL 33301 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Philip Dolamore 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0348209 AV

CR2E034 (10/02)