

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90156 014 ***150.00

DOCUMENT # P01000073365

1. Entity Name

A.D. & T. SERVICES, CORPORATION

Principal Place of Business

263 N.W. 121ST TERRACE
CORAL SPRINGS FL 33071

Mailing

263 N.W.
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1125792

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

FILINGS, INC.**3732 N.W. 16TH STREET****FT. LAUDERDALE FL 33311-4132**

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 re-registering)

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 March 1, 2002 Fee will be \$550.00
Make Check payable to Department of State10. 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	<input type="checkbox"/> Delete
NAME	JURKOWSKI, THOMAS K	
STREET ADDRESS	263 N.W. 121ST TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE	STD	<input type="checkbox"/> Delete
NAME	JURKOWSKI, ANH D	
STREET ADDRESS	263 N.W. 121ST TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE		<input type="checkbox"/> Delete
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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:

Thomas K Jurkowski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 954-907-2095

CR2EC34 (9/01)