

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90123 045 ***150.00

DOCUMENT # **P01000110520** ✓

1. Entity Name

ALL-ADS-INC.COM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6475 North Harbor

Suite, Apt. #, etc.

City Blvd #2

City & State

Melbourne, FL

Zip

32940

Country

USA

3. Mailing Address

2918 Paine Lane

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32826

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

27-0001274

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CHARLES W. STANLEY

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

6475 North Harbor City Blvd #2

City

Melbourne

FL

Zip Code

32940

**DO NOT WRITE
IN THIS SPACE**

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 W Stanley **CHARLES W. STANLEY** **4/12/02**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P-
CHARLES W. STANLEY
6475 N. Harbor City Blvd #2
Melbourne, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V-
D.R. STANLEY
2918 PAINE LANE
Orlando, FL 32826**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T-
LAURA MORRIS
8307 PAMILCO ST
Orlando, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D-
CHARLES W. STANLEY
6475 N. Harbor City Blvd #2
Melbourne, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D-
DR. STANLEY
2918 PAINE LANE
Orlando, FL 32826**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles W Stanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 **407-382**
7123

Date

Daytime Phone #

CR2E034B (12/01)