

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90025 037 ***150.00

DOCUMENT # P01000110520

1. Entity Name
ALL-ADS-INC.COM



Principal Place of Business
6475 NORTH HARBOR CITY BLVD.
2
MELBOURNE FL 32940

Mailing Address
2918 PAINE LANE
ORLANDO FL 32826

2. Principal Place of Business
210 KAISER CRT
Suite, Apt. #, etc.

3. Mailing Address
SAME AS BEFORE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PALM BAY, FL
Zip
32909
Country

City & State
Zip
Country

4. FEI Number 27-0001274

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STANLEY, CHARLES W
6475 NORTH HARBOR CITY BLVD
2
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
210 KAISER CRT
City PALM BAY FL Zip Code 32909

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 Charles W Stanley

1/2/03

Signature, typed or printed name of registered agent and title if applicable.

(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 P
NAME STANLEY, CHARLES W
STREET ADDRESS 6475 NORTH HARBOR CITY BLVD # 2
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE VCEO
NAME STANLEY, D R
STREET ADDRESS 2918 PAINE LANE
CITY-ST-ZIP ORLANDO FL 32826 ☐ Delete

TITLE PTD
NAME MORRIS, LAURA
STREET ADDRESS 6475 NORTH HARBOR CITY BLVD. # 2
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE T
NAME MORRIS, LAURA
STREET ADDRESS 8307 PAMILCO STREET
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CHARLES W STANLEY
STREET ADDRESS 210 KAISER CRT
CITY-ST-ZIP PALM BAY FL 32909 ☐ Change ☐ Addition

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

TITLE PTD
NAME
STREET ADDRESS 1530 NEPTUNE RD
CITY-ST-ZIP KISSIMEE, FL 34744 ☐ Change ☐ Addition

TITLE T
NAME LAURA MORRIS
STREET ADDRESS 1530 NEPTUNE RD
CITY-ST-ZIP KISSIMEE, FL 34744 ☐ Change ☐ Addition

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

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

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:

Signature and Typed Name of Signing Officer or Director

1/2/03 407-382

CR2E034 (10/02)