

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90076 029 \*\*\*150.00

**DOCUMENT # P02000038803**

1. Entity Name  
**AMPED ADVERTISING, INC.**



Principal Place of Business  
**6649 MARINA POINTE VILLAGE COURT  
#202  
TAMPA FL 33635**

Mailing Address  
**6649 MARINA POINTE VILLAGE COURT  
#202  
TAMPA FL 33635**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-0430324**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK & KOCH, P.A.  
ONE TAMPA CITY CENTER, #3010  
201 N. FRANKLIN STREET  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PV** ☐ Delete  
NAME **TRAINOR, ADAM W**  
STREET ADDRESS **6649 MARINA POINTE VILLAGE COURT, #202**  
CITY-ST-ZIP **TAMPA FL 33635**

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

TITLE **ST** ☐ Delete  
NAME **TRAINOR, ADAM W**  
STREET ADDRESS **6649 MARINA POINTE VILLAGE COURT, #202**  
CITY-ST-ZIP **TAMPA FL 33635**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **X**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/28/03 813-27-1851**

CR2E034 (10/02)

*Douglas F. Edwards, CPA, PA*  
4025 Tampa Road, Suite 1110  
Oldsmar, FL 34677

80052972

Pinellas: 727-447-8888

Hillsborough: 813-855-5433

Fax: 813-855-6010

Douglas F. Edwards, CPA

February 28, 2003

**Florida 2003 Uniform Business Report  
(Green Form)**

To: **AMPED ADVERTISING, INC.**

1. This tax will be **LATE** after.....**May 1, 2003**
2. Please make your check for.....**\$150.00** (After April 30, 2003, the fee is \$550.00!)
3. Payable to.....**FLORIDA DEPARTMENT OF STATE**
4. Write your Federal ID Number (**03-0430324**) on your check.
5. This is for payment of your.....**FLORIDA ANNUAL REPORT FEE**
6. Have a Corporate Officer sign the enclosed green Form in box 12 at the bottom before mailing.
7. Mail the attached forms using the envelope provided, to:

Division of Corporations  
Uniform Business Report  
Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500
8. Retain a signed COPY of the Form for your records.
9. Forward a signed copy of the Report to my office, for my records.

**COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS FORM TO US:**

Date paid 2/28/03 Amount paid \$ 150.00 CK# 0992

If you have any questions, please call us.

**Douglas F. Edwards, CPA, PA**