

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90733 017 ***150.00

DOCUMENT # P02000070279

1. Entity Name
AUTOMATED DOCUMENT SERVICES, INC.



Principal Place of Business
**1601 BLACKBERRY CT.
EUSTIS, FL 32726**

Mailing Address
**1601 BLACKBERRY CT.
EUSTIS, FL 32726**

2. Principal Place of Business
100 MAGNOLIA AVE.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 350288
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
EUSTIS, FL
Zip
32726
Country
U.S.A.

City & State
GRAND ISLAND, FL
Zip
32735
Country
U.S.A.

4. FEI Number
82-0552745
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PARENT, BRETT R
1601 BLACKBERRY CT.
EUSTIS, FL 32726**

7. Name and Address of New Registered Agent

Name
BRETT R. PARENT
Street Address (P.O. Box Number is Not Acceptable)
1501 FAHNSTOCK ST.
City
EUSTIS FL Zip Code
32726

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]

BRETT R. PARENT

4/7/03

(Signature, type or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent's signature required when resigning.)

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	D	<input type="checkbox"/> Delete
NAME	PARENT, BRETT R	
STREET ADDRESS	1601 BLACKBERRY CT.	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN PARENT	
STREET ADDRESS	12506 ALDERSHOT LANE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

[Signature]

BRETT R. PARENT

4/7/03

352-266-2371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)