

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 91088 033 ***150.00

DOCUMENT # P02000104933

1. Entity Name

A & D MANAGEMENT ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

90054068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22219 FRONT BEACH RD

Suite, Apt. #, etc.

PANAMA CITY BEACH,

City & State

FL.

Zip
32413

Country
BAY

3. Mailing Address

22219 FRONT BEACH RD

Suite, Apt. #, etc.

PANAMA CITY BEACH,

City & State

FL.

Zip
32413

Country
BAY

4. FEI Number

56-2296716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MARGARET A. VELAZQUEZ

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

22219 FRONT BEACH RD

City

PANAMA CITY BEACH

FL

Zip Code

32413

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MARGARET A. VELAZQUEZ 22219 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY TREASURER DINO VELAZQUEZ 22219 FRONT BEACH RD PANAMA CITY BEACH, FL 32413	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03

Date

334-794-0606

Daytime Phone #