2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 26, 2001 8:00 am DOCUMENT # P93000012887 **Secretary of State** ADS ELECTRONICS, INC. 01-26-2001 90107 013 \*\*\*150.00 Principal Place of Business Mailing Address 5257 PARK BLVD N 5257 PARK BLVD N PINELLAS PARK FL 34665 PINÈLLAS PARK FL 34665 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3171171 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAREHAM, JAMES G JR. Street Address (P.O. Box Number is Not Acceptable) 5257 PARK BLVD N PINELLAS PARK FL 34665 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete WAREHAM, JAMES G JR NAME NAME 3305 56TH AVE NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WAREHAM, JAMES G NAME NAME STREET ADDRESS 6312 PELICAN CREEK CROSS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change WAREHAM, LYNDA M NAME NAME STREET ADDRESS 3305 56TH AVE NO STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE WAREHAM, SUE P NAME NAME STREET ADDRESS 6312 PELICAN CREEK CROSS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #