

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039053

1. Entity Name
A & D SOLUTIONS, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90048 008 ***150.00

Principal Place of Business

Mailing Address

100 FRANDORSON CIR
STE 103
APOLLO BEACH FL 33572
US

100 FRANDORSON CIR
STE 103
APOLLO BEACH FL 33572
US

2. Principal Place of Business

3. Mailing Address

118 Flamingo Dr.

118 Flamingo Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E

E

City & State

City & State

Apollo Beach FL

Apollo Beach FL

Zip

Zip

33572

33572

Country

Country

Hillsborough

Hillsborough

6. Name and Address of Current Registered Agent

4. FEI Number 59-3186087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

SILIATI, ALFRED D
903 GOLF ISLAND DR.
APOLLO BEACH FL 33572

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.

SIGNATURE

Alfred D. Siliati ALFRED D. SILIATI

1/8/01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SILIATI, ALFRED D
STREET ADDRESS 903 GOLF ISLAND DR.
CITY-ST-ZIP APPOLLO BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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:

Alfred D. Siliati ALFRED D. SILIATI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/01

813 641 1645

CR2E034 (10/00)