## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 31, 2000 8:00 am Secretary of State DOCUMENT # P94000086323 1. Entity Name AD SPECIALTIES, INC. 03-31-2000 90103 029 \*\*\*158.75 Principal Place of Business Mailing Address 804 S PALAFOX ST 804 S PALAFOX ST กูกกสารสา PENSACOLA FL 32501 PENSACOLA FL 32501-5938 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3280602 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRETT, ANN J Street Address (P.O. Box Number is Not Acceptable) 804 S PALAFOX ST PENSACOLA FL 32501 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 . 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/99) TITLE ☐ Change ☐ Addition Delete TITLE NAME RUSSENBERGER, VALERIE J NAME 10 PORT ROYAL WAY STREET ADDRESS STREET ADORESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete DILE BRETT, ANN J NAME NAME 10 PORT ROYAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition tif8 F ☐ Change ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7/P 13. I hereby certify that the information supplied with this filling 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.

FILED