2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000091906 Jul 19, 2000 8:00 am 1. Entity Name Secretary of State AD-REM. INC. 07-19-2000 90151 031 ***150.00 Mailing Address Principal Place of Business 8951 BONITA BEACH ROAD 8951 BONITA BEACH ROAD SUITE 525 SUITE 525 BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923 40098540 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0539169 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONDRY, KATHERINE Street Address (P.O. Box Number is Not Acceptable) 8951 BONITA BEACH ROAD SUITE 525 **BONITA SPRINGS FL 33923** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE Delete TITLE EDWARDS, A W NAME NAME STREET ADDRESS 10281 WALES LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 REQUIRED SIGNATURE AND PRED OF REINTED NAME OF SIGNING OFFICER OF DIRECTO

ucy 3/2000 941-49

AD-REM INC

8951 Bonita Beach Rd. 525-357 Bonita Springs, FL 34135 U.S.A

Tel: 941 498-9221 Fax: 941 498-9221

Email: AdRemInc@aol.com

July 12, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen,

Please be advised that our Company was never in receipt of a "First" notice of the 2000 Uniform Business Report.

As our past records will demonstrate, we have never been delinquent in filing on time. Therefore, we trust you will understand our position in this matter, as we were unable to file earlier as the result of postal or other failure.

Enclosed is our check #1327 in the amount of \$150.00.

If you have any questions, please do not hesitate to contact me

Sincerely,

A.W.Edwards