

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003032

1. Entity Name

A.D.S. SIGNS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90431 013 ***158.75

Principal Place of Business

Mailing Address

1607 N HERCULES AVE
 CLEARWATER FL 33765
 US

1607 N HERCULES AVE
 CLEARWATER FL 33765-1930
 US

2. Principal Place of Business

1914-B Calumet St.

3. Mailing Address

1914-B Calumet St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-3294909

Applied For

Not Applicable

Zip

Country

33765 US

Zip

Country

33765 US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DETRAPANI, NANCY M
 1801 N. KEENE RD.
 CLEARWATER FL 33755

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME DETRAPANI, NANCY MARIE
 STREET ADDRESS 1801 N. KEENE RD
 CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE D ☐ Delete
 NAME DETRAPANI, NICHOLAS A
 STREET ADDRESS 1801 N. KEENE RD
 CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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: Nancy M. Detrapani
 SIGNATURE AND TYPE/ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.00 727.441.8989
 Date Daytime Phone #

CR2E034 (9/99)