

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000003032**1. Entity Name  
A.D.S. SIGNS, INC.**Principal Place of Business**

1914-B CALUMET ST.

CLEARWATER

33765

FL

US

**Mailing Address**

1914-B CALUMET ST.

CLEARWATER

33765

FL

US

**2. Principal Place of Business**

1497 MAIN STREET

Suite, Apt. #, etc.

317

**3. Mailing Address**

1497 MAIN STREET

Suite, Apt. #, etc.

317

**City & State**

DUNEDIN

FL

**City & State**

DUNEDIN

FL

**Zip**

34698

**Country**

US

**Zip**

34698

**Country**

US

**4. FEI Number**

59-3294909

**Applied For**☐ Not Applicable**5. Certificate of Status Desired**☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DETRAPANI NANCY M  
1801 N. KEENE RD.

CLEARWATER

33755

FL

US

**7. Name and Address of New Registered Agent****Name**

DETRAPANI JOSEPH G

**Street Address (P.O. Box Number is Not Acceptable)**

1801 N. KEENE RD.

City  
CLEARWATER

FL

Zip Code  
33755

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 **JOSEPH G. DETRAPANI****02/12/2001**

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, 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	<input checked="" type="checkbox"/> Delete
NAME	DETRAPANI NICHOLAS A	
STREET ADDRESS	1801 N. KEENE RD	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DETRAPANI NANCY MARIE	
STREET ADDRESS	1801 N. KEENE RD	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETRAPANI NANCY K	
STREET ADDRESS	1801 N. KEENE RD	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 K. DETRAPANI**

PD

02/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)