

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90377 006 ***150.00

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DOCUMENT # P95000027213

1. Entity Name

AD LITEM REPORTING, INC.



Principal Place of Business
320 N MAGNOLIA AVENUE
SUITE A-6
ORLANDO FL 32801
US

Mailing Address
320 N MAGNOLIA AVENUE
SUITE A-6
ORLANDO FL 32801
US

2. Principal Place of Business

Mailing Address

498 Palm Springs ~~Del~~ P.O. Box 1569

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 100

City & State

City & State

Altamonte Springs

Orlando

Zip

Country

Zip

Country

32701

USA

32802

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3316002

Applied For

Not Applicable

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

PURVIS, PHYLLIS
C/O RUSSELL PURVIS
37748 PHELPS RD.
ZEPHYRHILLS FL 33541

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PURVIS, PHYLLIS A
37748 PHELPS ROAD
ZEPHYRHILLS FL 33541 ☐ Delete

TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 813-389-1266
407-261-9060

Date

Daytime Phone #

CR2E034 (10/02)