

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90083 041 ***550.00

DOCUMENT # P96000055061

1. Entity Name
ADVERTISING DISPLAY SYSTEMS, INC.

Principal Place of Business

1900 NW 32ND ST
 POMPANO BEACH FL 33064

Mailing Address

1900 NW 32ND ST
 POMPANO BEACH FL 33064

2. Principal Place of Business

2590 N. Powerline Rd.

3. Mailing Address

2590 N. Powerline Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

Pompano Beach

4. FEI Number

65-0998141

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

33069

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, R. BOWEN III
 1515 S FEDERAL HWY, SUITE 300
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CEO
 GILLESPIE, R. BOWEN III
 1900 NW32ND STREET
 POMPANO BEACH FL 33069 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 EASTON, DALE
 1900 NW 32ND ST
 POMPANO BEACH FL 33069 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 PRADO, MARTA
 1900 NW 32ND ST
 POMPANO BEACH FL 33069 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CEO
 Gillespie, R. Bowen III
 2590 N. Powerline Rd.
 Pompano Beach, FL 33069 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 Easton, Dale
 2590 N. Powerline Rd
 Pompano Beach, FL 33069 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 Prado, Marta
 2590 N. Powerline Rd.
 Pompano Beach FL 33069 ☐ Change ☐ Addition

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

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

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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02 954-969-8558

Date

Daytime Phone #

CR2E034 (4/02)