

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046828

1. Entity Name

NATIONWIDE AD PLACEMENTS SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90175 013 ***150.00

Principal Place of Business

Mailing Address

2300 W. SAMPLE ROAD
SUITE 212
POMPANO BEACH FL 33073

2300 W. SAMPLE ROAD
SUITE 212
POMPANO BEACH FL 33073-3048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

506 NE 5 AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

4. FEI Number

52-2040753

Applied For

Not Applicable

Zip

33483

Country

PAIN BEACH

Zip

Country

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

LESHIN, RANDALL L ESO
1921 E. ATLANTIC BLVD
POMPANO BEACH FL 33060

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

RANDALL LESHIN

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTS
EICHAS, THOMAS
2300 W. SAMPLE ROAD, SUITE 212
POMPANO BEACH FL 33073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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]*

THOMAS P. EICHAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS P. EICHAS 5/1/00 561 330-2844

CR2E034 (9/99)