

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

0465688

DOCUMENT # P97000076395

1. Entity Name

THE AD AGENCY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 29 AM 7:36

Principal Place of Business

Mailing Address

8660 COLLEGE PKWY  
SUITE 300  
FT. MEYERS FL 33919

968 GREENWOOD CT  
SANIBEL FL 33957-3631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8660 College Pkwy  
#300  
Ft Myers FL  
33919 Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0780147

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

Name

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

City

FL

Zip Code

WOLFSFELD, JULENE  
968 GREENWOOD CT  
SANIBEL FL 33957

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 D ☐ Delete  
NAME WOLFSFELD, JULENE  
STREET ADDRESS 968 GREENWOOD CT  
CITY-ST-ZIP SANIBEL FL 33957

TITLE D ☒ Delete  
NAME HAWTHORNE, WILSON JR  
STREET ADDRESS 3209 SE 8TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President ☐ Change ☒ Addition  
NAME Nealon, Christopher  
STREET ADDRESS 834 Mont Claire Blvd  
CITY-ST-ZIP Cape Coral FL 33904

TITLE ☐ Change ☐ Addition  
NAME 400003429944--2  
STREET ADDRESS -10/13/00--01075--014  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

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

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

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

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/00 941-590-9100  
Date Daytime Phone #

AD



September 11, 2000

To Whom It May Concern,

As per our phone conversation, I am sending you a check for \$150.00. The notice that I just received was addressed to an incorrect address. When I called, I was informed that I had been sent a second notice July 1<sup>st</sup>. I have still not received that notice. If you have any questions please feel free to call me at 941 590 9100.

Thank You,

Julene Wolf  
President