

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90998 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

70053926

DOCUMENT # P97000106828			
1. Entity Name ACTIVE ADVERTISEMENT, INC.			
Principal Place of Business 7020 SW 39TH COURT DAVIE, FL 33314		Mailing Address P 08 0X 290525 DAVIE, FL 33329-0521	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7020 SW 39 CT Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33314	Country USA	Zip 33314	Country USA
4. FEI Number 31-1587107		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent PICHE, FRANCOIS 7020 SW 39 COURT FORT LAUDERDALE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City DAVIE, 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 _____ (NOTE: Registered Agent's signature required when verifying) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
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Delete ☐		Change ☐ Addition ☐	
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Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
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 _____		4-28-03 954-850-4118	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

HOW COME I NEVER RECEIVED MAILED UBR
FOR THIS CO?