

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000022349**

1. Entity Name

A & D SERVICE ASSOCIATES, INC.**FILED****May 05, 2000 8:00 am**
Secretary of State

05-05-2000 90011 014 ***150.00

Principal Place of Business

Mailing Address

**13910 NORTH DALE MABRY HWY.
STE ONE
TAMPA FL 33618****13910 NORTH DALE MABRY HWY.
STE ONE
TAMPA FL 33618-2440**

2. Principal Place of Business

3. Mailing Address

3551 CHATTAHOOCHEE VALLEY RD.**3355 BEARSS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FLINTSTONE GA

City & State

City & State

TAMPA FLORIDA

Zip

Country

Zip

Country

30725**U.S.A.****33618**

4. FEI Number

59-3498212

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

SANDERS, WALTER**13910 NORTH DALE MABRY HWY.
STE ONE
TAMPA FL 33618**

Name

WALTER SANDERS

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

3355 BEARSS AVE

City

TAMPA**FL**

Zip Code

33618

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 State10. 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 **DAVIDSON, AL**
STREET ADDRESS **4676 CLOUD SPRINGS ROAD**
CITY-ST-ZIP **RINGGOLD GA 30736**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DAVIDSON, DENISE**
STREET ADDRESS **4676 CLOUD SPRINGS ROAD**
CITY-ST-ZIP **RINGGOLD GA 30736**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE: **AL Davidson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

706-820-0900

Daytime Phone #

CR2E034 (9/99)