

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90009 048 ***150.00

DOCUMENT # P98000043371

1. Entity Name

AD-PRO OF POLK COUNTY, INC.

Principal Place of Business

**625 ROBIN ROAD
 LAKELAND FL 33803**

Mailing Address

**PO BOX 5274
 LAKELAND FL 33807**

2. Principal Place of Business

215 Imperial Blvd Ste C1

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Zip

33803

Country

Country

4. FEI Number

59-1823474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EDLEMAN, PATRICIA ANN
 625 ROBIN ROAD
 LAKELAND FL 33803**

Name

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

215 Imperial Blvd Ste C1

City

Lakeland, Florida

FL

Zip Code

33803

7. Name and Address of New Registered Agent

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.

PATRICIA ANN EDLEMAN, PRESIDENT

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, 2002 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **EDLEMAN, PATRICIA ANN**
 CITY-ST-ZIP **625 ROBIN ROAD
 LAKELAND FL 33803**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROWELL, STACY L**
 CITY-ST-ZIP **625 ROBIN ROAD
 LAKELAND FL 33803**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **EDLEMAN, WILLIAM A JR.**
 CITY-ST-ZIP **625 ROBIN ROAD
 LAKELAND FL 33803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **215 Imperial Blvd Ste C1**
 CITY-ST-ZIP **Lakeland Florida 33803**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **215 Imperial Blvd Ste C1**
 CITY-ST-ZIP **Lakeland, Florida 33803**

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 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 like empowered.

SIGNATURE:

WILLIAM A. EDLEMAN, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/2002 (823) 644-6639

CR2E034 (9/01)