

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90881 032 ***150.00

DOCUMENT # P98000059170

1. Entity Name
ADA Solutions Consulting, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 Eastpark Crescent

Suite, Apt. #, etc.

3. Mailing Address

105 Eastpark Crescent

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Celebration FL

Zip

34747

Country

USA

City & State
Celebration FL

Zip

34747

Country

USA

4. FEI Number

59-3523222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Christopher A. Michie

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

105 Eastpark Crescent

City
Celebration

FL

Zip Code

34747

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 *Ch. A. Michie Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

4-28-2
DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☒

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	President (P) Christopher A. Michie 105 Eastpark Crescent Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary / Treasure (S/T) Kimberly Michie 105 Eastpark Crescent Celebration, FL 34747
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ch. A. Michie President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2
Date

321-939-0536 Home
407-414-3016 cell
Daytime Phone #

CR2E034B (12/01)