FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 03, 2002 8:00 am P98000096560 **Secretary of State** DOCUMENT # 1. Entity Name 03-03-2002 90130 027 \*\*\*150.00 ADS BUSINESS GROUP, INC. Principal Place of Business Mailing Address 1922 E DISCOVERY CIRCLE 1922 E DISCOVERY CIRCLE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 US 2. Principal Place of Business 3. Mailing Address 14401 Military TRAIL 14401 Military Şuite, Apt. #, etc. DO NOT WRITE IN THIS SPACE D106 106 City & State Çity & State 4. FEI Number Applied For 65-0875794 BEACH DELRAL ELRAY Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3 3481 33481 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHOOLEY, ADAM Street Address (P.O. Box Number is Not Acceptable) 1922 E DISCOVERY CIRCLE 14401 Military TRAIL DEERFIELD BEACH FL 33442 Zip Code 33481 8. The above named enjty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE TITLE ☐ Delete Schooley, Adam. 14401 military TRAIL SCHOOLEY, ADAM NAME NAME ,1922 E DISCOVERY CIRCLE STREET ADDRESS STREET ADDRESS DELRAY BEACH, F1 33481 **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [] Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - - - - - [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS 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

SIGNATURE:

changed, or on an attachment with an