

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

DOCUMENT # *P98000105087*

1. Entity Name

ADS Industries Inc



**FILED
May 05, 2003 8:00 am
Secretary of State**

05-05-2003 91416 044 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8950 nw 78ct

Suite, Apt. #, etc.

305

3. Mailing Address

8950 nw 78ct

Suite, Apt. #, etc.

305

City & State

TAMARAC, FL

Zip

33321

Country

USA

City & State

TAMARAC, FL

Zip

33321

Country

USA

4. FEI Number

650882834

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

David Silverblum

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

8950 nw 78ct #305

City

TAMARAC

FL

Zip Code

33321

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

DLR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*President
David Silverblum
8950 nw 78ct #305
TAMARAC, FL 33321*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

DLR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 954-914-9060

Daytime Phone #

CR2E034B (12/02)