

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000026031**

1. Entity Name

ADVANCED DOCUMENTS MANAGEMENT AND INTERNET SOLUT*R***FILED**
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90009 035 ***150.00

A0067371

DO NOT WRITE IN THIS SPACE

Principal Place of Business

10602 N.W. 49TH PLACE
CORAL SPRINGS FL 33076

Mailing Address

10602 N.W. 49TH PLACE
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.—

Suite, Apt. #, etc.—

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650879585

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

BACKER, BARRY**10602 N.W. 49TH PLACE**
CORAL SPRINGS FL 33076

Name

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

City

FL

Zip Code

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **BACKER, BARRY**
STREET ADDRESS **10602 N.W. 49TH PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/00 **954-755-6670**

149000026031

A0067371

7/7/00

FLORIDA DEPT OF STATE

DIV. OF CORPORATIONS

PO BOX 6327

TALLAHASSEE, FL. 32314

850-488-9000

DEAR SIR,

AS PER YOUR OFFICE,
PLEASE FIND JBR ATTACHED.

THIS JBR STATES THAT IT
IS THE SECOND REQUEST.

I DID NOT RECEIVE THE
ORIGINAL NOTICE. YOUR OFFICE
ADVISED ME TO COMPLETE FORM
AND ENCLOSE A CHECK FOR
\$150.00

THANK YOU
BARRY BACK