

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026299

1. Entity Name
A&D TRAINING AND SALES, INC.

Principal Place of Business
514 SW 2ND AVE
OCALA FL 34474

Mailing Address
514 SW 2ND AVE
OCALA FL 34474

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 59-3564251 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, LEE
514 SW 2ND AVE
OCALA FL 34474

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 Lee Cameron

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

(NOTE: Registered Agent signature required when reinstating)

1 7 01

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, 2001 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

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE PD
NAME CAMERON, LEE
STREET ADDRESS 514 SW 2ND AVE
CITY-ST-ZIP OCALA FL 34474

TITLE
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: Lee Cameron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 7 01 352 463 0378
Date Daytime Phone #

CR2E034 (10/00)

0551578