

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059064

1. Entity Name

APPLICATION DESIGN GROUP, INC.

f

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90002 009 \*\*\*150.00

Principal Place of Business

653 BOX BRANCH CIRCLE  
JACKSONVILLE FL 32259

Mailing Address

653 BOX BRANCH CIRCLE  
JACKSONVILLE FL 32259

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

59-3589683

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

ROBERT A. EBERLING CPA

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

1400 OLD DIXIE HWY., SUITE E

City

ST. AUGUSTINE

FL

Zip Code

32086

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 State**

10. 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 CHANDLER, JEFFREY  
STREET ADDRESS 653 BOX BRANCH CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME CHANDLER, JEFFREY  
STREET ADDRESS 653 BOX BRANCH CIRCLE  
CITY-ST-ZIP JACKSONVILLE FLORIDA 32259

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition  
NAME CHANDLER, ROBIN  
STREET ADDRESS 653 BOX BRANCH CIRCLE  
CITY-ST-ZIP JACKSONVILLE FLORIDA 32259

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*Jeffrey S. Chandler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-9-2000

(904) 571-1370

Daytime Phone #

CR2E034 (5/00)

**Application  
Design  
Group, Inc.**

653 Box Branch Circle  
Jacksonville, Florida 32259

Attachment  
DHP9900W59064  
DW 71230

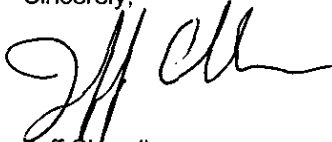
July 11, 2000

Florida Department of State

Dear Sir or Madam:

This is to inform you that I did not receive the original Uniform Business Report filing notification in the first quarter of 2000. The first and only UBR request I received was the dated 07/07/2000. Please accept my check for the original 150.00 as payment in full for this annual filing. If you should have any questions please feel free to contact me at the number below.

Sincerely,



Jeff Chandler  
President  
904-571-1370