

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90101 046 \*\*\*150.00

80111855



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P99000098718</b>																	
<b>1. Entity Name</b> AMERICAN DESIGN AND DISPLAYS CORPORATION																	
<b>Principal Place of Business</b> 6372-5 GREENLAND RD. JACKSONVILLE FL 32258		<b>Mailing Address</b> 6372-5 GREENLAND RD. JACKSONVILLE FL 32258															
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State		City & State															
Zip	Country	Zip	Country														
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>															
<b>PINTO, JOHN A</b> <b>3900 OLDFIELD CROSSING DR., #218</b> <b>JACKSONVILLE FL 32223</b>		Name															
		Street Address (P.O. Box Number is Not Acceptable)															
		City	FL	Zip Code													
<b>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.</b>																	
<b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																	
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>															
<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>11. OFFICERS AND DIRECTORS</b>															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <b>TITLE</b> P  <b>NAME</b> PINTO, JOHN A  <b>STREET ADDRESS</b> 3900 OLDFIELD CROSSING DR., #218  <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32223                 </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Delete                 </td> </tr> <tr> <td> <b>TITLE</b> VP  <b>NAME</b> COUTURIER, RANDALL R  <b>STREET ADDRESS</b> 5253 HOOD RD.  <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32257                 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                 </td> </tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete                 </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete                 </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete                 </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete                 </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete                 </td></tr> </table>		<b>TITLE</b> P <b>NAME</b> PINTO, JOHN A <b>STREET ADDRESS</b> 3900 OLDFIELD CROSSING DR., #218 <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	<b>TITLE</b> VP <b>NAME</b> COUTURIER, RANDALL R <b>STREET ADDRESS</b> 5253 HOOD RD. <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32257	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> P <b>NAME</b> PINTO, JOHN A <b>STREET ADDRESS</b> 3900 OLDFIELD CROSSING DR., #218 <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32223	<input type="checkbox"/> Delete																
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<b>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.</b>																	
<b>SIGNATURE:</b> <i>[Signature]</i> <b>(Tom A. Pinto)</b>		<b>4/23/02</b> <b>288-8565</b> <small>Date Daytime Phone #</small>															

CR2E034 (9/01)