

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105371

1. Entity Name
ADS NET, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90149 022 ***150.00

Principal Place of Business

2107 W SR 434
STE 350
LONGWOOD FL 32779

Mailing Address

2107 W SR 434
STE 350
LONGWOOD FL 32779

A0012779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

59 SKYLINE DRIVE

3. Mailing Address

59 SKYLINE DRIVE

Suite, Apt. #, etc.

SUITE 1250

Suite, Apt. #, etc.

Suite 1250

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

4. FEI Number

59-3611261

Applied For

Not Applicable

Zip

32746

Country

SEMINOLE

Zip

32746

Country

SEMINOLE

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

MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE FL 32202

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

Gary Abram

GARY ABRAM, PRESIDENT

1-12-01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SIMONS, BARRY
STREET ADDRESS 2170 W SR 434 STE 350
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☒ Change ☐ Addition
NAME BARRY SIMONS
STREET ADDRESS 59 SKYLINE DRIVE, SUITE 1250
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D ☐ Delete
NAME D'AMBROSIO, JAMES D
STREET ADDRESS 4519 GEORGE ROAD SUITE 170
CITY-ST-ZIP TAMPA FL 33634

TITLE D ☒ Change ☐ Addition
NAME JAMES D'AMBROSIO
STREET ADDRESS 59 SKYLINE DRIVE, SUITE 1250
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D ☐ Delete
NAME ABRAM, GARY
STREET ADDRESS 2170 W SR 434 STE 350
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☒ Change ☐ Addition
NAME GARY ABRAM
STREET ADDRESS 59 SKYLINE DRIVE, SUITE 1250
CITY-ST-ZIP LAKE MARY, FLA 32746

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:

Gary Abram

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

407-682-6226

Daytime Phone #

CR2E034 (10/00)