

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000105371

FILED  
Apr 10, 2002 8:00 AM  
Secretary of State

Entity Name: ADS NET, INC.

**Current Principal Place of Business:**

59 SKYLINE DRIVE  
STE 1250  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

59 SKYLINE DRIVE  
STE 1250  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 59-3611261      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILAM & HOWARD, P.A.  
50 NORTH LAURA STREET  
SUITE 2900  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SIMONS, BARRY  
Address: 59 SKYLINE DRIVE STE 1250  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: D'AMBROSIO, JAMES D  
Address: 59 SKYLINE DRIVE STE 1250  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: ABRAM, GARY  
Address: 59 SKYLINE DRIVE STE 1250  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY ABRAM

D

04/10/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date