

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S05380**

1. Entity Name

**ADB CUSTOM CONTRACTING INC.****FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90101 019 \*\*\*150.00

0267500

Principal Place of Business <b>10960 NW 5 COURT PLANTATION FL 33324 US</b>	Mailing Address <b>10960 NW 5 COURT PLANTATION FL 33324 US</b>
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
-----------------------------------------------------------	-----------------------------------------------

City & State	City & State
Zip	Country

4. FEI Number <b>65-0223010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**00034600**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>BARRY, ANDREW D. 10960 NW 5TH COURT PLANTATION FL 33324</b>
-------------------------------------------------------------------------------------------------------------------------------

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
<table><tr><td>TITLE</td><td><b>D</b> <input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>BARRY, ANDREW D.</b></td></tr><tr><td>STREET ADDRESS</td><td><b>10960 NW 5TH COURT</b></td></tr><tr><td>CITY-ST-ZIP</td><td><b>PLANTATION FL</b></td></tr></table>	TITLE	<b>D</b> <input type="checkbox"/> Delete	NAME	<b>BARRY, ANDREW D.</b>	STREET ADDRESS	<b>10960 NW 5TH COURT</b>	CITY-ST-ZIP	<b>PLANTATION FL</b>	<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete																
NAME	<b>BARRY, ANDREW D.</b>																
STREET ADDRESS	<b>10960 NW 5TH COURT</b>																
CITY-ST-ZIP	<b>PLANTATION FL</b>																
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table><tr><td>TITLE</td><td><b>D</b> <input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>BARRY, PAULA T.</b></td></tr><tr><td>STREET ADDRESS</td><td><b>10960 NW 5TH COURT</b></td></tr><tr><td>CITY-ST-ZIP</td><td><b>PLANTATION FL</b></td></tr></table>	TITLE	<b>D</b> <input type="checkbox"/> Delete	NAME	<b>BARRY, PAULA T.</b>	STREET ADDRESS	<b>10960 NW 5TH COURT</b>	CITY-ST-ZIP	<b>PLANTATION FL</b>	<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete																
NAME	<b>BARRY, PAULA T.</b>																
STREET ADDRESS	<b>10960 NW 5TH COURT</b>																
CITY-ST-ZIP	<b>PLANTATION FL</b>																
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Andrew D. Barry **ANDREW D. BARRY** 4/3/01 (954) 370-0258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)