

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84609

1. Entity Name

ADVANCED DRYER SYSTEMS, INC.

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90190 039 \*\*\*158.75

Principal Place of Business

7819 NW 22ND LANE  
GAINESVILLE FL 32605  
US

Mailing Address

7819 NW 22ND LN  
GAINESVILLE FL 32605  
US

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 59-3088734

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

DINH, KHANH  
7819 NW 22ND LN  
GAINESVILLE FL 32005

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

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	PD	<input type="checkbox"/> Delete
NAME	DINH, KHANH	
STREET ADDRESS	7819 NW 22ND LN	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	DINH, GIANG	
STREET ADDRESS	1375 HOLLOWAY AVE	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLTON, JOSEPH	
STREET ADDRESS	2351 SW 27TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, EARL	
STREET ADDRESS	8225 SW 39TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVEL, MASON	
STREET ADDRESS	2410 NW 19th AVE	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBERGER, STANLEY	
STREET ADDRESS	3623 NW 13th ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, JAMES	
STREET ADDRESS	206 SUNNYSIDE DR.	
CITY-ST-ZIP	HAWTHORNE, FL 32607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YORK, E.T.	
STREET ADDRESS	4020 SW 78th ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, SHERLIE	
STREET ADDRESS	101 SW 78th ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

352-375-9911

Daytime Phone #

CR2E034 (10/00)