

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90219 034 ***158.75

0062917 AV

DOCUMENT # S84609

1. Entity Name

ADVANCED DRYER SYSTEMS, INC.

Principal Place of Business

Mailing Address

**7819 NW 22ND LANE
 GAINESVILLE FL 32605
 US**

**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, 2002 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 ☐ Delete
 NAME **PD DINH, KHANH**
 STREET ADDRESS **7819 NW 22ND LN**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Change ☒ Addition
 NAME **D WEST, SHERLIE**
 STREET ADDRESS **101 SW 78th ST.**
 CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Delete
 NAME **VPST DINH, GIANG**
 STREET ADDRESS **1375 HOLLOWAY AVE**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D MARVEL, MASON**
 STREET ADDRESS **2410 NW 19TH AVE**
 CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D ROSENBERGER, STANLEY**
 STREET ADDRESS **3623 NW 13TH ST**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D ROSS, JAMES**
 STREET ADDRESS **206 SUNNYSIDE DR.**
 CITY-ST-ZIP **HAWTHORNE FL 32607**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D YORK, E.T.**
 STREET ADDRESS **4020 SW 78TH ST**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

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:

SIGNATURE REQUIRED

MARCH 25 / 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)