

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V34594**

1. Entity Name  
**ADVERTISING SERVICES, INC.**

Principal Place of Business

**20011 EMERALD COAST  
DESTIN FL 32549  
US**

Mailing Address

**P. O. BOX 1659  
DESTIN FL 32540  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE FL 32301**

**REINSTATEMENT**

4. FEI Number **59-3130394**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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 **C. Baclet, Vice President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**10/17/01**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE **PSD**  
NAME **EARLES, CHARLIE**  
STREET ADDRESS **20011 EMERALD COAST PKWY**  
CITY-ST-ZIP **DESTIN FL**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**700004671227--2  
-11/07/01--01066--018  
\*\*\*\*750.00 \*\*\*\*750.00**

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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 another fee empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 6, 2001**

Date

Daytime Phone #

011505 AT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 22 PM 3:37



CR2E034 (5/01)