

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90161 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000010914

1. Entity Name
S2 ADVERTISING, INC.



Principal Place of Business
140 S. BEACH STREET
SUITE 202
DAYTONA BEACH, FL 32114

Mailing Address
140 S. BEACH STREET
SUITE 202
DAYTONA BEACH, FL 32114

2. Principal Place of Business
221 S. RIDGEWOOD AVE
Suite, Apt. #, etc.

3. Mailing Address
221 S. RIDGEWOOD AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

4. FEI Number
59-3227335

Applied For
☐ Not Applicable

Zip
32114 Country
USA

Zip
32114 Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SCALI, CHRISTOPHER
221 S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCALI, CHRISTOPHER ☐ Delete
221 S RIDGELAND
DAYTONA BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SCALI, TONI L ☐ Delete
221 S RIDGELAND
DAYTONA BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTOPHER SCALI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

386-254-6998

Date

Daytime Phone #

CR2E034 (10/02)