

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001195

1. Entity Name

ADAHLIA SERVICES INC.

FILED

00 MAY -9 AM 8: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1637 HARRIS STREET
TALLAHASSEE FL 32310
US

1637 HARRIS STREET
TALLAHASSEE FL 32310-5065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3436294

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALKER, ANDRIA
1637 HARRIS STREET
TALLAHASSEE FL 32310

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PD WALKER, ANDRIA**
STREET ADDRESS **1637 HARRIS STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD CHARLTON, ARDELIA**
STREET ADDRESS **1637 HARRIS STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD HUTCHINSON, ANGELA**
STREET ADDRESS **1637 HARRIS STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD DAVIS, CONNIE**
STREET ADDRESS **1637 HARRIS STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CD MCQUEEN, SONYA**
STREET ADDRESS **1637 HARRIS STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 617, 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: *Andria Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00
Date

942-0107
Daytime Phone #

CR2E037 (9/99)