

2000 UNIFORM BUSINESS REPORT (UBR)

4/4/2

FILED
Jul 13, 2000 8:00 am
Secretary of State

04-26-2000 90041 045 ***150.00

DOCUMENT # P-15381					
1. Entity Name P97000015381 ✓ f Adele & Associates, Inc.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 602 San Remo Court Suite, Apt. #, etc.			3. Mailing Address 602 San Remo Court Suite, Apt. #, etc.		
City & State Conyers, GA		City & State Conyers, GA		4. FEI Number 58-2291135	
Zip 30094		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLYDE SINGLETARY 7224 Hwy. 89 Milton, FL 32570			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 <i>Clyde Singletary</i> CLYDE SINGLETARY 24 June 00 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			FILE NOW!!! FEE IS \$150.00 AFTER MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: President NAME: Roger Singletary STREET ADDRESS: 602 San Remo Court CITY-ST-ZIP: Conyers, GA 30094 <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: x <i>Roger Singletary</i> ROGER SINGLETARY			x 4-12-2000		x 770 922-3368
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

CR2E034 (9/99)