

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111237

1. Entity Name

A & D ENTERPRISES 2000, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90069 012 ***150.00

Principal Place of Business

Mailing Address

217 SE 20TH PLACE
 CAPE CORAL FL 33990

217 SE 20TH PLACE
 CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

207 SE 20th Place

207 SE 20th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Cape Coral Fl

Cape Coral Fl

City & State

City & State

Cape Coral FL

Cape Coral FL

Zip

Country

Zip

Country

33990

USA

33990

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

650984241

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

LODISH, ALVIN
 2500 1ST UNION FINANCIAL CENTER
 200 SOUTH BISCAYNE BLVD
 MIAMI FL 33131-2336

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, 2000 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 D
 STREET ADDRESS HENDERSON, JOHN
 CITY-ST-ZIP 217 SE 20TH PLACE
 CAPE CORAL FL 33990

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HENDERSON, ELIZABETH
 CITY-ST-ZIP 217 SE 20TH PLACE
 CAPE CORAL FL 33990

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LOCKE, GEORGE
 CITY-ST-ZIP 500 NW 165TH ST/RD #204
 MIAMI FL 33169

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: Elizabeth A Henderson 4/20/00 305-945-8844
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)