

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90017 009 ***150.00

DOCUMENT # P01000087746

1. Entity Name
ADASTRA PORTFOLLO SERVICES, INC.

Principal Place of Business
4145 W. VINE ST.
KISSIMMEE FL 34741

Mailing Address
4145 W. VINE ST.
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12200 W. COLONIAL DRIVE

3. Mailing Address
12200 W. COLONIAL DRIVE

Suite, Apt. #, etc.
SUITE 300C

Suite, Apt. #, etc.
SUITE 300C

City & State
WINTER GARDEN FL

City & State
WINTER GARDEN FL

4. FEI Number
59-3747731

Applied For
 Not Applicable

Zip
34787

Country

Zip
34787

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SINDEN, ADRIAN
4145 W. VINE ST.
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12200 W. COLONIAL DRIVE

SUITE 300C

City

WINTER GARDEN

FL

Zip Code

34787

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, 2002 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

TITLE **D** ☐ Delete
 NAME **SINDEN, ADRIAN**
 STREET ADDRESS **4145 W. VINE ST.**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, D** ☒ Change ☒ Addition
 NAME **SINDEN, ADRIAN**
 STREET ADDRESS **12200 W. COLONIAL DRIVE, SUITE 300C**
 CITY-ST-ZIP **WINTER GARDEN - FL - 34787**

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

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

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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:

Adrian P. Sinden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/02
 Date

407-654 3699
 Daytime Phone #

CR2E034 (9/01)