

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90061 032 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 162659**

1. Entity Name

ADRIANA CORPORATION

Principal Place of Business

35543 ESTES ROAD  
 EUSTIS FL 32736

Mailing Address

P.O. BOX 1946  
 EUSTIS FL 32727

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

35543 Estes Road

Suite, Apt. #, etc.

City & State  
 Eustis, FL 32736

Zip  
 32736

Country

4. FEI Number

59-6057531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required --**

6. Name and Address of Current Registered Agent

CLOUD, JERRY  
 35543 ESTES ROAD  
 EUSTIS FL 32736

7. Name and Address of New Registered Agent

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, 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 PD  
 NAME CLOUD, JERRY D  
 STREET ADDRESS 35543 ESTES ROAD  
 CITY-ST-ZIP EUSTIS FL 32736 ☐ Delete

TITLE CD  
 NAME MCELHINNY, WILSON D  
 STREET ADDRESS 138 LAKE CREEK MEADOWROAD  
 CITY-ST-ZIP KETCHEN ID 83340 ☐ Delete

TITLE SD  
 NAME LANGE, VICTORIA E  
 STREET ADDRESS 723 DANES HALL DRIVE  
 CITY-ST-ZIP LOUISVILLE KY 40208 ☐ Delete

TITLE VTD  
 NAME PORTER, STUART H  
 STREET ADDRESS 126 PEACE LANE  
 CITY-ST-ZIP PEWEE VALLEY KY 40056 ☐ Delete

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02

Date

352-589-8820

Daytime Phone #

CR2E034 (9/01)