

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**  
 05-25-2001 90291 042 \*\*\*150.00

0318244

**DOCUMENT # 684478**

1. Entity Name  
**ADOW, INC.**

Principal Place of Business  
**3213 BUCKLEY AVE**  
**LAKE WORTH FL 33461**

Mailing Address  
**3213 BUCKLEY AVE**  
**LAKE WORTH FL 33461**

**771709**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3213 Buckley Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3213 Buckley Ave**  
 Suite, Apt. #, etc.

City & State  
**Lake Worth 71**

4. FEI Number **59-2011595**  
 Applied For  
 Not Applicable

Zip **33461** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BROOKS, JOYCE E**  
**3554 LAKE WORTH RD**  
**LAKE WORTH FL 33461**

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 **Joyce Brooks** **Joyce Brooks 5-21-01**  
 Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐  
**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROOKS, JOYCE E</b> <b>3554 LAKE WORTH RD</b> <b>LAKE WORTH, FL 00000</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 **Joyce Brooks** **Joyce Brooks** **5-21-01 561-948-7237**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)

Attachment

5-21-01

#684476

To whom it may concern, 771709

Due to a long illness + move  
of the business, this important  
document was misplaced.

Please, Please have Mercy  
and accept this belated payment.

Thank-you for your attention  
in this matter.

Sincere apologies,

Joye Brooks

Adow INC

FEI # 59201/595