FILED Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90097 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

F0000000877

DOCUMENT # 1. Entity Name

ADEL INTERNATIONAL, INC.

Principal Place of Business 15035 STERLING OAKS DR. NAPLES FL 34110		Mailing Address 15035 STERLING OAKS DR. NAPLES FL 34110						
					1 1 7 1 17 18 1 18 1 18 1 18 1 18 18 18 18 18 18 18 18 18 18 	ECKIL ERIZE LOKE	LACATE MARIE	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	4. FEI Number 38-3380236 Applied For			
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 A	lot Applicable iditional	
	6. Name and Address of Current F	Registered Agent			Name and Address of New Registered	Fee Requir		
			Name		Table and Address of New Registered	Agent		
RAY, J. 6 15035 ST	Gary Terling Oaks Dr.		Street Addres	s (P.O. E	Box Number is Not Acceptable)			
NAPLES I	FL 34110							
,i.			City	,	FL	Zip Cod	de	
8. The above SIGNATURE	e named entity submits this statement for Signature, typed or printed name of registered agent ar		egistered office or regis		·			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 200	FEE IS \$150.00 Fee will be \$550.00 to Department of S) tate	Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD RAY, MERRILY 15035 STERLING OAKS DR. NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RAY, J. GARY 15035 STERLING OAKS DR. NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE		Delcte	NAME STREET ADDRESS CITY-ST-ZIP			Change_	Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change .	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	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: