

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91441 037 ***150.00

0653481 AT

DOCUMENT # F02000005449

1. Entity Name
ADACEL SYSTEMS, INC.



Principal Place of Business
**2034 N. HWY 360
GRAND PRAIRIE TX 75050**

Mailing Address
**2034 N. HWY 360
GRAND PRAIRIE TX 75050**



2. Principal Place of Business

3. Mailing Address

Florida

6200 Lee Vista Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Orlando

FL 32822

Zip

Country

Zip

Country

32822 Orange

32822

Orange

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

76-0655867

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

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283**

Resident of Florida

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALEM, SILVIO	
STREET ADDRESS	2034 N. HEY 360	
CITY-ST-ZIP	GRAND PRAIRIE TX 75050	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEVELLIA, LIONEL	
STREET ADDRESS	2034 N. HEY 360	
CITY-ST-ZIP	GRAND PRAIRIE TX 75050	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONTCALM, ROBERT	
STREET ADDRESS	2034 N. HEY 360	
CITY-ST-ZIP	GRAND PRAIRIE TX 75050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6200 Lee Vista Blvd Ste 100	
STREET ADDRESS	Orlando, FL 32822	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6200 Lee Vista Blvd.	
STREET ADDRESS	Ste 100	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6200 Lee Vista Blvd.	
STREET ADDRESS	Ste 100, Suite 100	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. M. Marie Creasap	
STREET ADDRESS	6200 Lee Vista Blvd.	
CITY-ST-ZIP	Ste 100 Orlando FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

Daytime Phone #

CR2E034 (10/02)