

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G48198**

Entity Name

**ADLO INVESTORS CORPORATION****FILED****Feb 23, 2000 8:00 am****Secretary of State**

02-23-2000 90031 029 \*\*\*150.00

Principal Place of Business      Mailing Address

130 PABLO STREET  
OFFICE BOX 2098  
LAKELAND FL 33803

130 PABLO STREET  
POST OFFICE BOX 2098  
LAKELAND FL 33803-3818

Principal Place of Business      3. Mailing Address

Apt. #, etc.      Suite, Apt. #, etc.

City &amp; State      City &amp; State

Country      Zip      Country

4. FEI Number **59-2320427**      Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EASON, DONALD**  
**130 PABLO ST**  
**LAKELAND FL 33806**

7. Name and Address of New Registered Agent

Name **HAIDER, KAMAL**

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

**130 PABLO ST**

City **LAKELAND**      **FL**      Zip Code **33806**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

The corporation is eligible to satisfy its intangible  
filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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**OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

VD NAIMAN, RICHARD A. 130 PABLO STREET LAKELAND FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAIDER, KAMAL 130 PABLO STREET LAKELAND FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD EASON, DONALD 130 PABLO STREET LAKELAND FL 33806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EASON, DONALD 130 PABLO ST LAKELAND FL 33806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD MELTON, JAMES D., JR. 130 PABLO STREET LAKELAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD AGUIAR, SUSAN 130 PABLO STREET LAKELAND FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUIAR, SUSAN 130 PABLO ST LAKELAND FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D EVANS, DAVID R 130 PABLO STREET LAKELAND FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, DAVID R 130 PABLO ST LAKELAND FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKELAND FL 33803	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information  
provided 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  
applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Christal E. Bush**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/00 8632845065**  
Date      Daytime Phone #

CR2E034 (9/99)