

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 FEB 14 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **523226**

1. Entity Name

**Adlow, Inc.**

Principal Place of Business

Mailing Address

**14311 BROOKRIDGE BLVD.  
BROOKSVILLE, FL 34613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2972899**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEORGE M. GERMAN  
5151 COMMERCIAL WAY  
SPRING HILL FL 34606**

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JAMES ADKISSON</b>	
STREET ADDRESS	<b>14311 BROOKRIDGE BLVD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34613</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DORIS LOWRY</b>	
STREET ADDRESS	<b>2332 BENT PINE CT.</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34606</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>AGNES ADKISSON</b>	
STREET ADDRESS	<b>14311 BROOKRIDGE BLVD.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34613</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**100003140861-9**  
**-02/21/00-01023-013**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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: **James Adkisson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/00**  
Date

**352-596-3214**  
Daytime Phone #

CR2E034 (9/99)