

4/31

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90012 010 \*\*\*\*55.00

**DOCUMENT # L01000000022**

1. Entity Name

ADFAP, LLC ✓

Principal Place of Business

405 BELVEDERE OVAL  
TEMPLE TERRACE FL 33617

Mailing Address

405 BELVEDERE OVAL  
TEMPLE TERRACE FL 33617

2. Principal Place of Business

3. Mailing Address

405 BELVEDERE OVAL  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

TEMPLE TERRACE, FL

Zip

Country

Zip

Country

33617

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, JAMES P  
 C/O HINES NORMAN & ASSOCIATES, P.L.  
 315 S. HYDE PARK AVENUE  
 TAMPA FL 33606

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
 M PRESIDENT  
 DWORNIK, JULIAN J PH.D.  
 STREET ADDRESS 405 BELVEDERE OVAL  
 CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 M VICE PRESIDENT  
 DWORNIK, PAMELA M.J.  
 STREET ADDRESS 11314 STRATTON PARK DRIVE  
 CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP TEMPLE TERRACE

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
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TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Julian J. Dwornik, Ph.D.

2/28/02 (813) 974-9459

Date

Daytime Phone