

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L39545

1. Entity Name
ADRICORP, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90019 045 ***150.00

Principal Place of Business

313 NIGHTINGALE RD
VENICE FL 34293
US

Mailing Address

313 NIGHTINGALE RD
VENICE FL 34293
US

2. Principal Place of Business

3255 Juno Rd

Suite, Apt. #, etc.

3. Mailing Address

3255 Juno Rd.

Suite, Apt. #, etc.

City & State

Venice, Florida

City & State

Venice, Florida

Zip

34293

Country

USA

Zip

34293

Country

USA

4. FEI Number

65-0178089

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

BOONE, JEFFERY A.
BOONE, BOONE, KLINGBEIL, BOONE & ROBERTS
1001 AVENIDA DEL CIRCO
VENICE FL 34285

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, 2001 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 V ☐ Delete
NAME ADRIAN SR., RALPH M.
STREET ADDRESS 201 HIGHPOINT DRIVE
CITY-ST-ZIP VENICE FL

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

TITLE PS ☐ Delete
NAME ADRIAN, DENNIS
STREET ADDRESS 313 NIGTINGALE ROAD
CITY-ST-ZIP VENICE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3255 Juno Rd.
CITY-ST-ZIP Venice, FL 34293

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis E. Adrian S-4-01 941-493-5336

CR2E034 (10/00)