2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 29, 2000 8:00 am Secretary of State **DOCUMENT # L79980** 1. Entity Name ADANAC ENTERPRISES, INC. 03-29-2000 90022 042 ***150.00 Principal Place of Business Mailing Address C/O EARL ROBERT MUNROE C/O EARL ROBERT MUNROE 2820 U.S. HWY. 98 NORTH 2820 U.S. HWY. 98 NORTH LAKELAND FL 33805 LAKELAND FL 33805-2404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3017038 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUNROE, EARL ROBERT Street Address (P.O. Box Number is Not Acceptable) 2820 U.S. HWY 98 NORTH LAKELAND FL 33805 Zip Code FL 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. FILE NOW!!! FEE IS \$150.00 10 Fee will be \$550.00 10 Frust Fund Contribution 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE MUNROE, EARL ROBERT NAME NAME STREET ADDRESS 725 EASTON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empropered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if