

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L87317

1. Entity Name  
ADAGIRL, INC.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90088 011 \*\*\*550.00

Principal Place of Business  
6617 CENTRAL AVE  
ST. PETERSBURG FL 33710

Mailing Address  
6617 CENTRAL AVE  
ST. PETERSBURG FL 33710

2. Principal Place of Business  
11625 CENTRAL AVE  
Suite, Apt. #, etc.

3. Mailing Address  
11625 CENTRAL AVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ST. PETERSBURG, FL  
Zip  
33710  
Country  
PINELAS

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ST. PETERSBURG, FL  
Zip  
33710  
Country  
PINELAS

4. FEI Number 59-3020177

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BACH, PATRICIA E  
1220 81ST STREET SOUTH  
ST PETERSBURG FL 33707

## 7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE P  
NAME BACH, PATRICIA E  
STREET ADDRESS 1220 81ST STREET SOUTH  
CITY-ST-ZIP ST PETERSBURG FL 33707

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Patricia E. Bach*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

Date

# 859-273-4057

Daytime Phone #

CR2E034 (5/00)