

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002248

1. Entity Name
ADSIL LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:40

Principal Place of Business
1 HARGROVE GRADE
SUITE 1-K
PALM COAST FL 32137

Mailing Address
P.O. BOX 353880-3880
PALM COAST FL 32135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3540309

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEDEON, ANTHONY A
1 HARGROVE GRADE
SUITE 1-K
PALM COAST FL 32137

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

rf 3/7/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME STANICH, JEFFREY L SR
STREET ADDRESS 6327 73RD STREET, #108
CITY-ST-ZIP KENOSHA WI 53142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700003165537--9
-03/10/00--01094--004
*****50.00 *****50.00

TITLE MGR
NAME GEDEON, ANTHONY A
STREET ADDRESS 3 LAGUNA COURT
CITY-ST-ZIP PALM COAST FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME HAIR, MICHAEL K
STREET ADDRESS 7407 EAST IRONWOOD CT
CITY-ST-ZIP SCOTTSDALE AZ 85258

TITLE
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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: *Anthony A. Gedeon* 2/22/2000 904-445-8239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)