

2001 UNIFORM BUSINESS REPORT (UBR)

0001860 SP

DOCUMENT # L98000002248

1. Entity Name

ADSIL LC

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

FILED

01 MAR 26 PM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME ☒ Change ☐ Addition
1274 Village Centre Dr. #4
STREET ADDRESS Kenosha, WI 53144
CITY-ST-ZIP

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

TITLE NAME ☒ Change ☐ Addition
10 Carlos Court
STREET ADDRESS Palm Coast, FL 32137
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
600003959296--3
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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.

JEFFREY L. STANICH SR.

SIGNATURE:

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

3/15/01

Date

(904) 445-8239

Daytime Phone #

CR2E083 (11/00)