

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002001

DOCUMENT # **N97000001033**

1. Entity Name  
**ADEPT SERVICES, INC.**



**FILED**

**03 SEP -9 PM 3:59**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**506 CACTUS STREET  
TALLAHASSEE FL 32304**

Mailing Address  
**506 CACTUS STREET  
TALLAHASSEE FL 32304**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3447109**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SCHWENDINGER, CARL MICHAEL  
506 CACTUS STREET  
TALLAHASSEE FL 32304**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **SCHWENDINGER, CARL MICHAEL**  
STREET ADDRESS **506 CACTUS STREET**  
CITY-ST-ZIP **TALLAHASSEE FL 32304**

Change  Addition  
**600023366046**  
**09/26/03--01072--006 \*\*61.95**

TITLE **VTSD**  Delete  
NAME **SCHWENDINGER, ANDREA D**  
STREET ADDRESS **506 CACTUS STREET**  
CITY-ST-ZIP **TALLAHASSEE FL 32304**

Change  Addition

TITLE **D**  Delete  
NAME **LOCASCIO, FRANK C**  
STREET ADDRESS **1619 RIVERGATE TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL 32223**

Change  Addition  
**D Mathen Koshy**  
**2071 Hanover Court**  
**Tallahassee, FL 32303**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

**9-9-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)