

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-30-2001 90174 026 ****61.25

DOCUMENT # N98000002794

1. Entity Name

EMPLOYMENT OF ADULTS WITH DISABILITIES, INC.

Principal Place of Business

5115 NW 28TH AVENUE
FORT LAUDERDALE FL 33309

Mailing Address

5115 NW 28TH AVENUE
FORT LAUDERDALE FL 33309

2. Principal Place of Business

6103 UMBRELLA TREE LN.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL.

City & State

Zip

33319

Country

BROW

Country

4. FEI Number

65-0866440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORKUNAS, BILL
5115 NW 28TH AVENUE
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: WILLIAM NORKUNAS

Street Address (P.O. Box Number is Not Acceptable)

6103 UMBRELLA TREE LANE

City: TAMARAC

FL

Zip Code

33319

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

William Norkunas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 21, 2001

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NORKUNAS, BILL	
STREET ADDRESS	5115 NW 28TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DECOSTE, LINDA	
STREET ADDRESS	2619 NW 51ST PLACE	
CITY-ST-ZIP	TAMARAC FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, ANDREA ESQ	
STREET ADDRESS	10665 NW 7TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM NORKUNAS	
STREET ADDRESS	6103 UMBRELLA TREE LANE	
CITY-ST-ZIP	TAMARAC, FL. 33319	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK MOSS	
STREET ADDRESS	4040 WEST PALM AVE DRIVE	
CITY-ST-ZIP	POMPANO BEACH, FL. 33069	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR BRADBURY	
STREET ADDRESS	5642 NE 17 TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William Norkunas

WILLIAM NORKUNAS 1-21-01

Date

Daytime Phone #

954 484-7149

CR2E037 (10/00)