

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005038

1. Entity Name
ADROIT PRO, INC.

Principal Place of Business
1115 9TH ST NORTH
JACKSONVILLE FL 32250

Mailing Address
1115 9TH ST NORTH
JACKSONVILLE FL 32250

2. Principal Place of Business
1115 9th St. North
Suite, Apt. #, etc.

3. Mailing Address
1115 9th St. North
Suite, Apt. #, etc.

City & State
Jacksonville Bch, FL
Zip 32250 Country USA

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Jacksonville Bch, FL
Zip 32250 Country USA

4. FEI Number
59-3618946

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JEFFERY C
1115 9TH ST NORTH
JACKSONVILLE FL 32250

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]* D/P/ST Jeffery C Miller 9-10-01
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 12, 2001 Fee 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 PSTD
NAME MILLER, JEFFERY C
STREET ADDRESS 1115 9TH ST NORTH
CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Delete

TITLE V
NAME MILLER, DEBRA A
STREET ADDRESS 1115 9TH ST NORTH
CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 employment.

SIGNATURE: *[Signature]* VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-10-01 Daytime Phone # 904-390-1155

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90001 034 ***150.00



DO NOT WRITE IN THIS SPACE

0004206 AV

CR2E034 (5/01)

Attachment

978167

#P00000005038

9/10/01

Dear Sirs/Madame

I spoke to Michelle Milligan on
9/5/01 @ your tel. # 850-245-6059.

I explained that we have
no records of receiving the first
notice of this Uniform Business
Report.

She said that I could
write a letter along with a ^{check for} \$150.00
and ask if the penalty could
be waived. This is our first
time we have been Incorporated
and I was told to look for this
request coming in the beginning
of each year.

Please waive this penalty,
it won't happen again.

Thank you,

Debra Miller

work 904-390-1155