

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000041157
 1. Entity Name
ADRIAN GARRICK INSURANCE GROUP, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 SEP 25 AM 9:26

Principal Place of Business Mailing Address
4704 EAST MICHIGAN ST. **4704 EAST MICHIGAN ST.**
ORLANDO FL 32812 **ORLANDO FL 32812**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3637020 Not Applicable

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	
GARRICK, ADRIAN 4704 EAST MICHIGAN ST. ORLANDO FL 32812		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 DATE **9/16/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRICK, ADRIAN 4704 EAST MICHIGAN ST. ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARRICK, JOHANNA E 4704 EAST MICHIGAN ST. ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004613977-3 -09/27/01--01074--014 ****150.00 ****150.00
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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 information.

SIGNATURE: DATE: **9/16/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

Bof 2



SOLANO & ASSOCIATES ENTERPRISES, INC.

August 31, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Adrian Garrick Insurance Group, Inc.
P00000041157

To Whom It May Concern:

We recently received this 2001 Uniform Business Report. This was our first report we have received. We never received the first 2001 Uniform Business Report due by May 1, 2001, with a filing fee of \$150.00 (one hundred fifty dollars).

We are enclosing a check for \$150.00 and signing all the appropriate spaces provided on the front of the 2001 Uniform Business Report.

We apologize for any inconvenience this may have caused. If you have any questions please contact me at the number below.

Regards,

Chris Kozlowski EA
Power of Attorney