

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90002 018 ***550.00

012497 AT

DOCUMENT # P00000064998

1. Entity Name
THE HADRIAN CORPORATION

Principal Place of Business

~~5160 SEA-BELL RD.~~
SANIBEL FL 33957

Mailing Address

C/O PETER E. KELLY, ESQ.
~~3040 PERIWINKLE WAY, STE. A-1~~
SANIBEL FL 33957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1648 PERIWINKLE WAY
 Suite, Apt. #, etc.
STE A-1

3. Mailing Address

C/O PETER E. KELLY
 Suite, Apt. #, etc.
P.O. BOX 891

City & State

SANIBEL, FL.

City & State

SANIBEL, FL.

4. FEI Number

65-1083846

Applied For

Not Applicable

Zip

33957

Country

U.S.A.

Zip

33957

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, PETER E
1648 PERIWINKLE WAY, STE. A-1
SANIBEL FL 33957

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, 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 **D** ☐ Delete
 NAME **KELLY, ROXANNE A**
 STREET ADDRESS ~~5160 SEA-BELL RD.~~
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **D** ☐ Delete
 NAME **KELLY, PETER E**
 STREET ADDRESS ~~5160 SEA-BELL RD.~~
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. BOX 891**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. BOX 891**
 CITY-ST-ZIP

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

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 empowered.

SIGNATURE:

Peter E. Kelly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01
 Date

Daytime Phone #

CR2E034 (5/01)