

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90085 026 ***150.00

DOCUMENT # P00000098776

1. Entity Name

ADAGENO, INC.

Principal Place of Business

**18205 SE FAIRVIEW CIRCLE
TEQUESTA FL 33469**

Mailing Address

**18205 SE FAIRVIEW CIRCLE
TEQUESTA FL 33469**

2. Principal Place of Business

527 Clematis St.

Suite, Apt. #, etc.

3. Mailing Address

527 Clematis St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach Fla.

City & State

West Palm Beach Fla.

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

4. FEI Number

65-1058163

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSENWATER, BRUCE S
1601 FORUM PLACE, #1200
WEST PALM BEACH FL 33401**

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D GURCH, JEANNE	18205 SE FAIRVIEW CIRCLE	TEQUESTA FL 33469	

	D GURCH, GEORGE	18205 SE FAIRVIEW CIRCLE	TEQUESTA FL 33469	
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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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 empowered.

SIGNATURE:

Jeanne Gurch **JEANNE GURCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

561-651-7245

Daytime Phone #

CR2E034 (10/00)