

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

0012097 AV

05-13-2002 90186 044 \*\*\*150.00

**DOCUMENT # P00000099334**

1. Entity Name  
**ADAPTED DRIVING INC.**

Principal Place of Business  
**PO BOX 6223**  
**DAYTONA BEACH FL 32122**

Mailing Address  
**305 RIVERSIDE DR.**  
**APT 226**  
**HOLLY HILL FL 32117**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**130 Cedar St**  
 Suite, Apt. #, etc.

3. Mailing Address  
**130 Cedar Street**  
 Suite, Apt. #, etc.

City & State  
**Daytona Bch FL**  
 Zip  
**32117**  
 Country  
**Volusia**

City & State  
**DAYTONA BEACH, FL**  
 Zip  
**32114**  
 Country  
**USA**

4. FEI Number  
**59-3681219**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOUSQUET, HARRY**  
**305 RIVERSIDE DR., #226**  
**HOLLY HILL FL 32117**

**7. Name and Address of New Registered Agent**

Name  
**BOUSQUET, HARRY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**130 CEDAR STREET**  
~~BA~~  
 City  
**DAYTONA BEACH FL** Zip Code  
**32114**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4-18-02**

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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOUSQUET, HARRY</b> <b>305 RIVERSIDE DR., #226</b> <b>HOLLY HILL FL 32117</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, DEIRDRE</b> <b>305 RIVERSIDE DRIVE, #226</b> <b>HOLLY HILL FL 32117</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOUSQUET, HARRY</b> <b>130 Cedar Street</b> <b>DAYTONA BEACH, FL 32114</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, DEIRORE</b> <b>130 CEDAR STREET</b> <b>DAYTONA BEACH, FL 32114</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**4/18/02**

DATE

386  
 852 5828  
 DAYTIME PHONE #

DAYTIME PHONE #

CR2E034 (9/01)