## FOR PROFIT CORPORATION 2002 -UNIFORM BUSINESS REPORT (UBR)

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May	15,	2002	8:00	am
Sec	reta	ry of	State	e

DOCUMENT # P00000099722					05-15-2002 90083 026 ***150.00		
1. Entity Name	A.D.C. ENTERP	RISES, INC.			03 13 2002 30003	020 150.00	
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	DO NOT WRITE	E IN THIS SI	PACE :	Ì			
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	ace of Business	3. Mailing Address					
6086 Bay Lake Drive N. 6086 Bay Lake Suite, Apt. #, etc. Suite, Apt. #, etc.		ake Drive	e N.	DO NOT WRITE IN THIS SPACE			
	- <u>-</u>						
City & State	etersburg, FL	City & State St. Peters	hura EI	'	4. FEI Number 59-3658990	Applied For Not Applicable	
Zip	Country	Zip Zip	Country			\$8.75 Additional	
33708	U.S.A.	33708	U.S.A.		5. Certificate of Status Desired	Fee Required	
	and the state of t	water water water and the contract of the cont	Name		Name and Address of Current Registere	d Agent	
	DO NOT W	PITE		Arı	mando F. Mizio		
			Street A	ddress (P.C.). 2 <b>4</b> !	ss (P.O. Box Number is Not Acceptable) 24500 U.S. 19 North		
IN THIS SPACE				_			
			City		uite 210 learwater FL Zip Code 33763		
9 The above	named entity submits this statement for	or the purpose of changing its	registered office of		earwater	- 33763	
b. The above i	named entity submits this statement to	or the purpose of changing its	registered office of	registered	agent, or both, in the State of Florida.		
SIGNATURE _		,					
	Signature, typed or printed name of registered agent		: Registered Agent signat		en reinstating) DATE	المام والمام المام والمام	
	ration is eligible to satisfy its Intangible		lay 1 Fee is \$150 1, Fee is \$550.00		10. Election Campaign Financing	_ <b>\$5.00</b> May Be	
(See criteri	equirement and elects to do so.		UBR is \$61.25		Trust Fund Contribution.	Added to Fees	
11.	OFFICERS AND		ne to pepartine	( O) State			
TITLE	PSTD		TITLE				
NAME	Christopher A.		NAME OTREST ARRESTO				
STREET ADDRESS   CITY-ST-ZIP	6086 Bay Lake D		STREET ADDRESS CITY-ST-ZIP		•		
TITLE	St. Petersburg,	FL 33708	TITLE				
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13. Thereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002 (727) 319-6234

Daytime Phone #