

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116273

1. Entity Name

WWW.FLORIDA ADULT.COM, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90465 014 \*\*\*158.75

Principal Place of Business

Mailing Address

2431 8TH ST., #130  
SARASOTA FL 34237

384 Milford St  
Port Charlotte FL 33953

00050087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2431 8th St  
Suite, Apt. #, etc.

P.O. Box 808  
Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL MO

Sarasota FL

4. FEI Number

Applied For

Not Applicable

Zip  
34237

Country

USA

Zip  
34230

Country

USA

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

NIXON, JENNIFER

5824 BEE RIDGE RD., PMB #180

SARASOTA FL 34233

Name

Marla Oelsner

Street Address (P.O. Box Number is Not Acceptable)

384 Milford St

Port Charlotte FL

Zip Code

33953

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

Marla D. Oelsner

4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME OELSNER, MARLA  
STREET ADDRESS 2431 8TH ST., #130  
CITY-ST-ZIP SARASOTA FL 34237

TITLE VD  
NAME NIXON, JENNIFER  
STREET ADDRESS 2431 8TH ST., #130  
CITY-ST-ZIP SARASOTA FL 34237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME MARLA Oelsner  
STREET ADDRESS 384 Milford St  
CITY-ST-ZIP Port Charlotte FL 33953

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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:

Marla D. Oelsner President

Date

Daytime Phone #

CR2E034 (10/00)