

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000058723**

1. Entity Name

**ADCO ALLIED DEVELOPMENT CORPORATION**

FILED

02 OCT 21 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

976864



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1642 SE MARINAR LANE

PORT ST LUCIE FL 34983

Mailing Address

P O BOX 8237

PORT ST LUCIE FL 34985

2. Principal Place of Business

1642 SE MARINER LANE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 8237

Suite, Apt. #, etc.

City &amp; State

PORT ST LUCIE, FLORIDA

City &amp; State

PORT ST LUCIE, FL

4. FEI Number

59-3745555

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUCILLE, CECIL J

1642 SE MARINAR LANE

PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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, 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

TITLE  
NAME DUCILLE, CECIL J ☐ Delete  
STREET ADDRESS P.O. BOX 8237  
CITY-ST-ZIP PORT ST LUCIE FL 34985TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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

Daytime Phone #

7/10/22/02