## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

22986 LONE OAK DR

## P01000060779 **DOCUMENT#**

1. Entity Name

ADANA WHEELER, INC.

Principal Place of Business 22986 LONE OAK DR. . . .

SIGNATURE:

ESTERO FL 339	328	•	ESTERO FL 33928						Ann <b>44</b> 11 <b>2 A</b> 11	n sánt issu tst	11	
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2. Principal Place of Business			3. Mailing Address					) (461144) ili esiti ileli selli selli selli	, pitr Ballo alia	· 112	NO 1411 1051	
Suite, Apt. #	t, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FI	El Number <b>65-1116498</b>		<u> </u>	olied For Applicable	
Zip Country			Zip		Count	Country 5.		ertificate of Status Desired		8.75 Addi ee Required		
·	6 Name	and Address of Currer	nt Registere	d Agent		7. Name and Address of New Registered Agent						
	3. 1141115					Name		•				
WHEELER, XDANA						Street Address (P.O. Box Number is Not Acceptable)						
22986 LON		l										
ESTERO FL 33928												
					İ	City			FL	Zip Code	1	
		I with this statement	for the pure	one of changing its	registere	ed office or regis	stered age	ent, or both, in the State of Florid	da. I am fa	amiliar with, a	and accept	
<ol> <li>The above the obligation</li> </ol>	named entitions of regist	y submits this statement tered agent.	tot the barb	ose of changing its	registere	od ombo or roge	-11	•				
	•											
SIGNATURE _	Signature, typed	or printed name of registered age	ent and title if app	licable. (NOT	E: Registere	d Agent signature requ	uired when rei	nstating)	DATE			
		!! FEE IS \$150.00	· · · · · ·	· ·	ų		-	9. Election Campaign Fina	neina	<b>ቁ</b> ፍ ብ	<b>0</b> May Be	
		03 Fee will be \$550.0	0				ļ	Trust Fund Contribution.			to Fees	
Make Check	Payable to	Florida Department	of State							<del></del>	- IN 1 4 4	
10.		OFFICERS AN	ID DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	D	···		☐ Delete	TITL	I				☐ Change	☐ Addition	
NAME	WHEELER				NAM	ME EET ADDRESS						
		NE OAK DR				r-St-ZIP						
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STREET ADDRESS				•		REET ADDRESS						
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CITY-ST-ZIP	<u></u>						in Continu	110 07(3)(i) Florida Statutos I	further ce	rtify that the	information	
indicated	d on this rep	he information supplied ort or supplemental repo the receiver or trustee e ttachment with an addre	mnowered to	accurate and that	rt as requ	ature shall have uired by Chapte	the same r 607, Flor	119.07(3)(i), Florida Statutes. I legal effect as if made under c ida Statutes; and that my name	ath; that I appears	am an officer in Block 10 o	r or director or Block 11 it	

**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90056 046 \*\*\*150.00