

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000067207

1. Entity Name

ADL Comm, Inc.

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90228 049 ***150.00

DO NOT WRITE IN THIS SPACE

00140131

2. Principal Place of Business

4706 Bloom Dr.

Suite, Apt. #, etc.

3. Mailing Address

4706 Bloom Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plant City, FL

Zip 33567

Country USA

City & State

Plant City, FL

Zip 33567

Country USA

4. FEI Number

65-1120771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Larry Pritchard

Street Address (P.O. Box Number is Not Acceptable)
4706 Bloom Dr.

Plant City, FL

City Plant City

FL

Zip Code 33567

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY - ST - ZIP	P/T/C Larry C. Pritchard 4706 Bloom Dr. Plant City, FL 33567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S Diana P. Pritchard 4706 Bloom Dr. Plant City, FL 33567	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Pritchard

Date

6/19/02 (813)764-0554

Daytime Phone #

Attachment
ID# PD1000067807
8012651

ADL COMM, INC.
4706 Bloom Dr.
Plant City, FL 33567

June 17, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

To Whom it May Concern,

This is to inform you that we never received the form for the Uniform Business Report. Since this has been our first year of incorporation we were not informed of it, and did not become aware of it until last week. As per our conversation with Lynn at the Division of Corporations we are including our check for \$150.00 along with the form.

Thank you for your cooperation in this matter.

Sincerely,



Diana P. Pritchard, V.P.
ADL Comm, Inc.