

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90040 007 \*\*\*550.00

**DOCUMENT # P93000058565**

1. Entity Name  
**ADLER CONSTRUCTION, INC.**

Principal Place of Business Mailing Address  
 LOT 23 DOPEY DR 358 BALSAM RIDGE DR  
 LAKE BUENA VISTA FL 32830 OCOEE FL 34761  
 US US

**A0075094**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**358 BALSAM RIDGE DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**OCOEE, FL**

City & State

4. FEI Number **59-3197359**

Applied For  
 Not Applicable

Zip **34761** Country **US**

Zip Country

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

**KIM, OK K**  
**358 BALSAM RIDGE DR**  
**OCOEE FL 34761**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**110 E. Hillcrest Street**

City **Orlando** **FL** Zip Code **32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME	<b>D KIM, OK K</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>5145 LATROBE DRIVE</b>	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	
TITLE NAME	<b>D RENTFROW, MARK D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1330 SWEETWOOD BLVD.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>**Address change</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>110 E. Hillcrest Street</b>	
CITY-ST-ZIP	<b>Orlando, FL 32801</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (5/00)

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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/30/00**

Date Daytime Phone #