

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063166

1. Entity Name
ADHALL, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90130 001 ***600.00

Principal Place of Business 46 NORTH WASHINGTON BLVD SUITE 29 SARASOTA FL 34236 US	Mailing Address 46 N WASHINGTON BLVD SUITE 29 SARASOTA FL 34236-5928 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3400 S. TAMiami TRAIL Suite, Apt. #, etc. Suite 301 City & State Sarasota, FL Zip 34239 Country US	3. Mailing Address 3400 S. TAMiami TRAIL Suite, Apt. #, etc. Suite 301 City & State Sarasota, FL Zip 34239 Country US
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4. FEI Number 58-2200567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BAILY, J E
46 N WASHINGTON BLVD
SUITE 29
SARASOTA FL 34236

7. Name and Address of New Registered Agent
Name
GERALD A. Dechow
Street Address (P.O. Box Number is Not Acceptable)
3400 S. TAMiami TRAIL Ste 301
City
Sarasota FL Zip Code
34239

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DECHOW, GERALD A			NAME			
STREET ADDRESS	3400 S TAMiami TRAIL, STE #301			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34239			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: GERALD A. Dechow Date: 4-11-00 Daytime Phone #: 941-366-2949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)