2002 UNIFORM BUSINESS REPORT (UBR)							Mariney a	er e y		
1. Entity Nar		P93000063166				FILED				
ADHALL,	INC.					02 MA	Y-1 PF	3:55		
3400 S TAMIA	ce of Business MI TRAIL		Mailing Address 3400 \$ TAMIAMI TRAIL			SECRI FALLAR	ETARY OF HASSEE, F	STATE LORIDA		
STE 30! SARASOTA FL 34239 US 2. Principal Place of Business //			STE 301 SARASOTA FL 34239 US 3. Mailing Address							
Suite, Apt	22	emen LANC	5922 CAHlemen LANE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
	PASUTA,	74	City & State DARASO H	4, 71		4. FEI Numbe	58-2200	567	 	pplied For of Applicable
Zip 34	232 Cou	D3A	34232	Country US A	1	5. Certificate	of Status Des	ired 🔲	\$8.75 Add Fee Require	litional d
6. Name and Address of Current Registered Agent Name							Address of I	New Registered	d Agent	_
DECHOW, GERALD A Street A						Iress (P.O. Box in the flot Acceptable) The Hand of Ha				
3400 S TA STE 301	3400	SIA	miAm	i /RA1	1, 54.	201				
SARASOTA FL 34239								F	Zip Cody	3/00D
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the									<u>د ا</u> /	1239
SIGNATURE Signification production in name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE									2	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! I After May 1, 2002 Make Check Payable					550.00	l Tru	ction Campai st Fund Contr			0 May Be to Fees
11.	OF OD	OFFICERS AND DIF		12.	460		CHANGES TO	OFFICERS AN		
	CEOD REPCHICK, GEO 3400 S. TAMIAMI	RGE TRAIL, SUITE 301	Delete	TITLE NAME STREET ADDRESS	cha	pman, l 2 Cattl 2 Asota	DAYNE	1 ania	☐ Change	X Addition ☐
	SARASOTA FL 3			CITY-ST-ZIP	Sal	CASOHA		3423	Q	
	TD ANDERSON, LYN		□ Delete	TITLE NAME	594	ایا م	•	}	Change	Addition
	SARASOTA FL 34	TRAIL, SUITE 301 1239		STREET ADDRESS CITY-ST-ZIP	578 SAR		emen	LANC 34832	l	
TITLE NAME		.	☐ Delete	TITLE NAME		MSOTA	75	07000	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					•	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, <u>,</u>			☐ Change	Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS					Change	☐ Addition

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chapman 4/30/60

12 941-552-1300