

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000057

1. Entity Name
ADREM PROFILES, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90045 040 ***158.75

Principal Place of Business
5461 WEST WATERS AVE.
SUITE 900
TAMPA FL 33634

Mailing Address
5461 WEST WATERS AVE.
SUITE 900
TAMPA FL 33634

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

Zip Country Zip Country

4. FEI Number 59-3215897

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, JOHN L JR.
5461 WEST WATERS AVE
SUITE 900
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	DPC	<input type="checkbox"/> Delete
NAME	HOLLAND, JOHN L JR.	
STREET ADDRESS	5461 WEST WATERS AVE., SUITE 900	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HOLLAND, JOHN L SR.	
STREET ADDRESS	5461 WEST WATERS AVE., SUITE 900	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KENISTON, MICHAEL	
STREET ADDRESS	5461 WEST WATERS AVE., SUITE 900	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PLUMRIDGE, MICHAEL M	
STREET ADDRESS	5461 WEST WATERS AVE., SUITE 900	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01 Date 800-483-9929 Daytime Phone #

0354570

CR2E034 (10/00)