

DOCUMENT # P94000065922

1. Entity Name
ADNOHR, INC.

FILED

00 DEC 22 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1403 BOREAS DR.
ORLANDO FL 32822
US

Mailing Address
1403 BOREAU DR.
ORLANDO FL 32822-8058
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~1403 BOREAS DRIVE~~
Suite, Apt. #, etc.
Apt. 202, Bldg 1904
City & State
Orlando, Florida
Zip
32822 Country
USA

3. Mailing Address
~~1403 BOREAU DRIVE~~
Suite, Apt. #, etc.
Apt. 202, Bldg 1904
City & State
Orlando, Florida
Zip
32822 Country
USA

4. FEI Number 59-3275551 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
~~RUSSILLO, RHONDA~~ DONALD R.
1403 BOREAS DRIVE
ORLANDO FL 32822

7. Name and Address of New Registered Agent
Name Donald Russillo
Street Address (P.O. Box Number is Not Acceptable)
~~1403 BOREAU DRIVE~~ Apt. 202
Bldg. 1904 Silver Leaf Lane
City Orlando FL Zip Code 32822

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 Donald Russillo - President x Donald Russillo 12-7-00
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) ☐

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	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSILLO, RHONDA		NAME	100003523961-4	
STREET ADDRESS	1403 BOREAS DRIVE		STREET ADDRESS	-01/04/01--01103--006	
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP	****750.00 ****750.00	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSILLO, DONALD		NAME	Bldg. 1904, Silver Leaf Lane, Apt 202	
STREET ADDRESS	1403 BOREAS DRIVE		STREET ADDRESS	Orlando Florida 32822	
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	REINSTATEMENT	
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: x Donald Russillo - President Donald Russillo 12-7-00 407-380-6994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #