

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-11-2001 90300 039 ***150.00

DOCUMENT # P94000065922

1. Entity Name

ADNOHR, INC.

Principal Place of Business

Mailing Address

SILVER LEAF LANE, APT. 202, BLDG. 1904
 ORLANDO FL 32822
 US

SILVER LEAF LANE, APT. 202, BLDG. 1904
 ORLANDO FL 32822
 US

6795

2. Principal Place of Business

3. Mailing Address

~~Ox 1A H 60~~ FL
 6821 Pompeii Road

~~684 Pompeii Rd~~
 Suite, Apt. #, etc.
 6821 Pompeii Road

City & State
 Ox 1A H 60 Fla

City & State
 Ox 1A H 60 FL

Zip
 32822

Country
 OYAN 9E

Zip
 32822

Country
 OYAN 9E

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

7. Name and Address of New Registered Agent

RUSSILLO, DONALD
 SILVER LEAF LANE, APT. 202, BLDG. 1904
 ORLANDO FL 32822

Name
 Mrs. Bonnie Zschunke

Street Address (P.O. Box Number is Not Acceptable)

~~684 Pompeii Rd~~
 6821 Pompeii Road

City
 Ox 1A H 60

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 Bonnie Zschunke
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/01
 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 \$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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P RUSSILLO, DONALD SILVER LEAF LANE, APT. 202, BLDG. 1904 ORLANDO FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Vice Pres. SAMUEL LEE 1461 Enderby Way Sunnyvale CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Secy George Lee 1461 Enderby Way Sunnyvale CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Treasurer Wendy Russell 57 Woodley Ct 34th Meriden Conn 06450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DIRECTOR Kim Voigt 175 Parker Farms Rd. Wallingford Conn 06492
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DIRECTOR Chris Voigt 175 Parker Farms Rd. Wallingford Conn 06492

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donald Russell Donald Russell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01
 Date Daytime Phone #

CR2E034 (10/00)