

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90037 011 ***150.00

DOCUMENT # P94000065922

1. Entity Name
ADNOHR, INC.

Principal Place of Business

**6821 POMPEI ROAD
 ORLANDO FL 32822
 US**

Mailing Address

**6821 POMPEI ROAD
 ORLANDO FL 32822
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**ZSCHUNKE, BONNIE MRS
 6821 POMPEI ROAD
 ORLANDO FL 32822**

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

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 \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **RUSSILLO, DONALD**
 STREET ADDRESS **SILVER LEAF LANE, APT. 202, BLDG. 1904**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **Pres** ☒ Change ☐ Addition
 NAME **Russillo, Donald**
 STREET ADDRESS **57 Woodley Ct #32**
 CITY-ST-ZIP **Meriden Conn 06450**

TITLE **VP** ☒ Delete
 NAME **LEE, SAMUEL**
 STREET ADDRESS **1461 ENDERGY WAY**
 CITY-ST-ZIP **SUNNY VALE CA**

TITLE **Sale** ☐ Change ☒ Addition
 NAME **Tom Domenillo**
 STREET ADDRESS **68 Laurel Heights**
 CITY-ST-ZIP **Meriden Conn 06450**

TITLE **S** ☒ Delete
 NAME **LEE, GEORGE**
 STREET ADDRESS **1461 ENDERGY WAY**
 CITY-ST-ZIP **SUNNY VALE CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **RUSSILLO, WENDY**
 STREET ADDRESS **57 W. BODLEY CT #34**
 CITY-ST-ZIP **MERIDEN CT 06450**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **VOUT, KIM**
 STREET ADDRESS **175 PARKEY FARMS RD.**
 CITY-ST-ZIP **WALLINGFORD CT 06492**

TITLE **S** ☒ Change ☐ Addition
 NAME **KIM**
 STREET ADDRESS **175 Parkey Farms Rd.**
 CITY-ST-ZIP **Wallingford Ct 06492**

TITLE **D** ☐ Delete
 NAME **VOGT, CHRIS**
 STREET ADDRESS **125 PARKEY FARMS RD.**
 CITY-ST-ZIP **WALLINGFORD CT 06492**

TITLE **VP** ☒ Change ☐ Addition
 NAME **VOGT CHRIS**
 STREET ADDRESS **125 Parkey Farms Rd.**
 CITY-ST-ZIP **Wallingford Ct 06492**

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 Russillo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres/COO 4-5-02 203-634-0609

Date

Daytime Phone #

CR2E034 (9/01)