## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 14, 2001 8:00 am Secretary of State P95000021894 DOCUMENT # 08-14-2001 90012 011 \*\*\*550.00 1. Entity Name ADULT-O-RAMA, INC. Principal Place of Business Mailing Address 3340 NO. ROOSEVELT BLVD 3340 NO. ROOSEVELT BLVD KEY WEST FL 33040 KEY WEST FL 33040 HS US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0598284 : Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ECKSTEIN, ALAN Street Address (P.O. Box Number is Not Acceptable) 1407 LEON ST KEY WEST FL 33040 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 OFFICERS AND DIRECTORS Change ☐ Addition 80 P Delete TITLE TITLE STOUPHER WALTER EV NAME NAME 3340 N. ROOSEVELT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Channe NAME STREET ADDRESS STREET ADDRESS Blud CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ·CITY-ST≟ZŰ 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 coefficient of the corporation or the coefficient in the same legal effect as if made under oath; that I am an officer or director of the corporation or the coefficient in the same legal effect as if made under oath; that I am an officer or director of the corporation or the coefficient in the same legal effect as if made under oath; that I am an officer or director of the corporation or the coefficient in the same legal effect as if made under oath; that I am an officer or director of the corporation or the coefficient in the same legal effect as if made under oath; that I am an officer or director of the corporation or the coefficient in the same legal effect as if made under oath; that I am an officer or director of the corporation or the coefficient in the corporation of the coefficient in the corporation of the coefficient in the corporation of the coefficient in the co

**FILED** 

ROSEMARIE RAPICARNI

SIGNATUREX