


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90193 020 ***158.75

DOCUMENT # <u>P96000104189</u>	
1. Entity Name ADELSON & ASSOCIATES, INC	

JUU0J3J1

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2670 RED OAK CT.	3. Mailing Address 2670 RED OAK CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State CLEARWATER, FL	City & State CLEARWATER FL	4. FEI Number 59 3423422	Applied For Not Applicable
Zip 33761	Country USA	Zip 33761	Country USA
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name RICHARD ADELSON	
Street Address (P.O. Box Number is Not Acceptable) 2670 RED OAK COURT	
City CLEARWATER	FL Zip Code 33761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard Adelson* **RICHARD ADELSON VICE PRES** **4/6/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VICKI S. ADELSON 2670 RED OAK CT CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RICHARD ADELSON 2670 RED OAK CT CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Adelson* **RICHARD ADELSON** **4/6/03** **727-785-5706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)