FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90210 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054686

1. Entity Name
A.D. LLOYD MANAGEMENT, INC.

Principal Place of Business	Mailing Address
780 S. SEPADILLA, STE. 406 WEST PALM BEACH, FL 33401	780 S. SEPADILLA, STE. 406 WEST PALM BEACH, FL 33401

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
13608 Greentree Trail		13608 Greentree Trai	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Wellington, FL		City & State: Wellington, FL	
Zip: 33414	Country: USA	Zip: 33414	Country: USA

4. FEI Number: 65-0762698 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BELLEN, ELLIOT
780 S. SEPADILLA, STE. 406
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: Elliot Bellen
Street Address (P.O. Box Number Is Not Acceptable): 13608 Greentree Trail
City: Wellington FL Zip Code: 33414

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: [signature] Elliot Bellen 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BELLEN, ELLIOT		NAME	
STREET ADDRESS	~~780 S. SEPADILLA, STE. 406~~		STREET ADDRESS	
CITY-ST-ZIP	~~WEST PALM BEACH, FL 33401~~		CITY-ST-ZIP	
TITLE	13608 Greentree TR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Wellington, FL 33414		NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature], Pres. 4/30/03 (561) 309-7723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elliot Bellen