

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079692

1. Entity Name

ADL INSURANCE SPECIALISTS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90101 003 ***150.00

Principal Place of Business

4419 TREEHOUSE LANE
 22-D
 TAMARAC FL 33319
 US

Mailing Address

4419 TREEHOUSE LANE
 22-D
 TAMARAC FL 33319-3379
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0780320

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TILLEM, SCOTT E
 10 FAIRWAY DRIVE
 SUITE 219
 DEERFIELD BEACH FL 33441

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

Ann Marie Lipsky

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, 2000 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 PS ☐ Delete
 NAME LIPSKY, DAVID L
 STREET ADDRESS 5207 SW 90TH TERRACE
 CITY-ST-ZIP COOPER CITY FL 33328

TITLE ☒ Change ☐ Addition
 NAME *PS LIPSKY, DAVID*
 STREET ADDRESS *4419 Treehouse Ln 22-D*
 CITY-ST-ZIP *Tamarac FL 33319*

TITLE VPT ☐ Delete
 NAME LIPSKY, ANN-MARIE
 STREET ADDRESS 5207 SW 90TH TERRACE
 CITY-ST-ZIP COOPER CITY FL 33328

TITLE ☒ Change ☐ Addition
 NAME *VPT LIPSKY, ANN-MARIE*
 STREET ADDRESS *4419 Treehouse Ln 22-D*
 CITY-ST-ZIP *Tamarac FL 33319*

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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:

Ann Marie Lipsky ANN-MARIE LIPSKY 4/24/00 735 3577
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)