

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079692

1. Entity Name

ADL INSURANCE SPECIALISTS, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90115 008 ***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
US

2. Principal Place of Business

4880 N.W. 5 CT

3. Mailing Address

4880 NW 5 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number 65-0780320

Applied For

Not Applicable

Zip

Country

33317

USA

Zip

Country

33317

U.S.A.

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

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, 2001 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 4419 TREEHOUSE LANE 22-D
CITY-ST-ZIP TAMARAC FL 33319

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

TITLE VPT ☐ Delete
NAME LIPSKY, ANN-MARIE
STREET ADDRESS 4419 TREEHOUSE LANE 22-D
CITY-ST-ZIP TAMARAC FL 33319

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 954.581.3692
Date Daytime Phone #

CR2E034 (10/00)