

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0607475 AV

DOCUMENT # P97000104362

1. Entity Name

ADANAC INVESTMENTS, INC.

04-11-2002 90672 001 ***150.00

Principal Place of Business

**C/O JAMES KARL & ASSOCIATES
 975 NORTH COLLIER BLVD.
 MARCO ISLAND FL 34145**

Mailing Address

**C/O JAMES KARL & ASSOCIATES
 975 NORTH COLLIER BLVD.
 MARCO ISLAND FL 34145**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3533616

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

**KARL, JAMES L ESQ.
 C/O JAMES KARL & ASSOCIATES
 975 NORTH COLLIER BLVD.
 MARCO ISLAND FL 34145**

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, 2002 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 **DP** ☐ Delete
 NAME **KARL, JAMES L**
 STREET ADDRESS **975 N COLLIER BLVD**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D** ☐ Change ☒ Addition
 NAME **Ted Silk**
 STREET ADDRESS **c/o James Karl & Associates, 975 North**
 CITY-ST-ZIP **Collier Blvd., Marco Island, FL 34145**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR. 22ND 2002 941-642-9988

CR2E034 (9/01)