

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000027446**1. Entity Name
ADOBE GILA'S OF KEY WEST, INC.Principal Place of Business
227 DUVAL STREET
KEY WEST FL 33040
Mailing Address
4411 CLEVELAND AVENUE
FORT MYERST FL 339012. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
4411 CLEVELAND AVENUE
Suite, Apt. #, etc.City & State
FORT MYERS FLZip Country
33901 US4. FEI Number
65-0823770
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMARCHEWKA RICHARD M
2075 WEST FIRST STREET, SUITE 203FORT MYERS FL
33901 US**7. Name and Address of New Registered Agent**Name
SIMEONE RICHARD JStreet Address (P.O. Box Number is Not Acceptable)
4411 CLEVELAND AVENUECity
FORT MYERS FL
Zip Code
33901

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 **RICHARD J. SIMEONE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/23/2001

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**TITLE
NAME DST LYNCH PAUL W ☐ Delete
STREET ADDRESS
4411 CLEVELAND AVENUE
CITY-ST-ZIP FT. MYERS FL 33901TITLE
NAME DP BRAWNER TERRY ☐ Delete
STREET ADDRESS
4411 CLEVELAND AVENUE
CITY-ST-ZIP FT. MYERS FL 33901TITLE
NAME DCEO LAGESCHULTE DAVID L ☐ Delete
STREET ADDRESS
4411 CLEVELAND AVENUE
CITY-ST-ZIP FT. MYERS FL 33901TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
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NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET 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: Paul W. Lynch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T

04/23/2001

Date

Daytime Phone #

CR2E034 (11/00)