

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037655

1. Entity Name

A.FICTION.ADO, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90044 032 \*\*\*150.00

Principal Place of Business

14 S. SWINTON AVE.  
DELRAY BEACH FL 33444

Mailing Address

14 S. SWINTON AVE.  
DELRAY BEACH FL 33444-3654

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-2098782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROMANO, RODNEY G  
14 S. SWINTON AVE.  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

SMITHER, ROBERT M., JR.

Street Address (P.O. Box Number is Not Acceptable)

14 S. SWINTON AVE.

City

DELRAY BEACH

FL

Zip Code

33444

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, 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	WARRALL, ODETTE A	
STREET ADDRESS	14 S. SWINTON AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VSO	<input type="checkbox"/> Delete
NAME	SMITHER, ROBERT M JR	
STREET ADDRESS	14 S. SWINTON AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	WINTZAR, WILLIAM R	
STREET ADDRESS	14 S. SWINTON AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 37444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRALL, ODETTE A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTZER, WILLIAM R	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

SMITHER, ROBERT M. SMITHER, JR 4/21/00 (561)243-2450

CR2E034 (9/99)