

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056286

1. Entity Name

ADRIAN ENTERPRISES, INC.

P

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90035 035 ***150.00

Principal Place of Business

313 SUNSET BAY LANE
PALM BEACH GARDENS FL 33418

Mailing Address

313 SUNSET BAY LANE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

P.O. Box 844

Suite, Apt. #, etc.

Cedaridge,

City & State

Co.

Zip

81413

Country

Country

4. FEI Number

65-0846054

Applied For

Not Applicable

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

ADRIAN, BARBARA A
313 SUNSET BAY LANE
PALM BEACH GARDENS FL 33418

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ADRIAN, BARBARA	
STREET ADDRESS	313 SUNSET BAY LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

Barbara A. Adrian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00
Date

Daytime Phone #

CR2E034 (5/00)

8-21-00
Attachment
DH# 9800056286
DW 812166

Dear Sirs:

Enclosed please find a check in the amount of \$150.00.

After explaining to my accountant that I hadn't received a "first notice", she informed me that quite a few of her clients did not receive this "first notice" this year.

This being the case, can you please abate the difference & accept the \$150.00 as payment in full.

Thanking you in advance for your consideration, I am,

Respectfully yours,
Barbara G. Rubin