

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000067990**1. Entity Name
ADCORE, INC.

Principal Place of Business

327 N HERNANDO ST

LAKE CITY
32055

FL

Mailing Address

P.O. BOX 3029

KINGSLAND
31548

GA

2. Principal Place of Business

13400 SUTTON PARK DR SOUTH

3. Mailing Address

13400 SUTTON PARK DR SOUTH

Suite, Apt. #, etc.
SUITE 1604Suite, Apt. #, etc.
SUITE 1604City & State
JACKSONVILLE

FL

City & State
JACKSONVILLE

FL

Zip
32224

Country

Zip
32224

Country

4. FEI Number

59-3526705

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEELE S. AUSTIN
327 N HERNANDO STLAKE CITY
32055

US

FL

7. Name and Address of New Registered Agent

Name

PATEL ANIL D

Street Address (P.O. Box Number is Not Acceptable)
13400 SUTTON PARK DR SOUTH

SUITE 1604

City
JACKSONVILLE

FL

Zip Code
32224

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 **ANIL D. PATEL**

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

(NOTE: Registered Agent signature required when reinstating)

09/08/2001

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 D ☐ Delete
NAME PATEL ANIL D
STREET ADDRESS P.O. BOX 3029
CITY-ST-ZIP KINGSLAND GA 31548TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME PATEL ANIL D
STREET ADDRESS 13400 SUTTON PARK DR SOUTH, SUITE 1604
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Anil D. Patel**

D

09/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)