548292 AV

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018701

1. Entity Name ADEPT BUILDING SERVICES, INC.

SIGNATURE: 2



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90911 025 ***150.00

Principal Plac 2328 30 AVEN BRADENTON I	UE E.	Mailing Address 2328 30 Avenue E. Bradenton Fl 34208									
2. Principal P	lace of Business	3. Mailing Address		·		ı	40034001 ISO 10040 FOILI 0464	48() 6 8() 88(6)		88163 (19) (89)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	е	City & State		4	05-0695702			oplied For ot Applicable			
Zip	Country	Zip	try	5	5. Certificate of Status Desired \$8.75 Additional Fee Required						
			7	. Name	and Address of Nev	v Registered	Agent				
PRIDGEN, CARROLL W				Name ,							
2328 30 A	IVE EAST		Street Address			(RO:Box:Number:is:Not:Acceptable)					
BRADENTON FL 34208											
a a				City				FL	Zip Cod	e	
	named entity submits this statement follons of registered agent.	City City FL Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ed agent. Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$150.00 Fee will be \$550.00 Trust Fund Contribution Added to Fees									
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Trust Fund Contribu	rtion. [Added	to Fees	
10.	UFFICERS AND		_			ADDITIO	ONS/CHANGES TO C	PERCERS AN			
TITLE NAME STREET ADORESS CITY-ST-ZiP	PRIDGEN, CARROLL W 2328 30 AVE EAST BRADENTON FL 34208	☐ Delete		· I					☐ Change	. ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIDGEN, CARROLL W 2328 30 AVE EAST BRADENTON FL 34208	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRIDGEN, REBECCA 2328 30 AVE E BRADENTON FL 34208	☐ Delete		l i	. <u> </u>				Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SINDLINGTI L 07200	☐ Delete	TITLE NAMI STRE						[] Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAMI STRE	E ET ADDRESS	•••				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE					1/2-	☐ Change	☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											