

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031150

1. Entity Name

ADCAL COMMUNICATIONS, INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90173 023 ***150.00

Principal Place of Business

PO BOX 971322
BOCA RATON FL 33497-1322

Mailing Address

PO BOX 971322
BOCA RATON FL 33497-1322

80020428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

BOCA RATON, FL

3. Mailing Address

22783 ST. RD 7 PMB 125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

4. FEI Number

65-0908449

Applied For

Not Applicable

Zip

Country

Zip

Country

33428

U.S.A.

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

BONEVAC, JUDY B
2780 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

Name REBECCA A. SULLIVAN

Street Address (P.O. Box Number is Not Acceptable)
22203 AQUILA ST.

City BOCA RATON, FL Zip Code 33428

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 R.A. Sullivan

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

(NOTE: Registered Agent signature required when reinstating)

02-08-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MOSS, JACK L
STREET ADDRESS 1160 NORTH FEDERAL HWY. UNIT 1013
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SULLIVAN, REBECCA A
STREET ADDRESS 22203 AQUILA STREET
CITY-ST-ZIP BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

R.A. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-00 561-482-3922

Date

Daytime Phone #

CR2E034 (9/99)