

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034780

1. Entity Name
A.D.O. ELECTRONICS EXPRESS, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1644 WESTMINSTER TRL.
CLERMONT FL 34711

Mailing Address
1644 WESTMINSTER TRL.
CLERMONT FL 34711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Clermont, FL

3. Mailing Address
1644 Westminster trl

City & State
Clermont, FL

City & State
Clermont, Florida

4. FEI Number
59-3593798

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

OSORIO, AUGUSTO
1644 WESTMINSTER TRL.
CLERMONT FL 34711

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 Augusto L Osorio 11/6/00
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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE President ☐ Delete
NAME Augusto L Osorio
STREET ADDRESS 1644 westminster trl
CITY-ST-ZIP Clermont, Florida 34711

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME 400003496284-1
STREET ADDRESS -12/12/00--01012--008
CITY-ST-ZIP ****758.75 ****758.75

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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)(b), 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: Augusto L Osorio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00 (407) 721-3873
Date Daytime Phone #

CR2E034 (5/00)