

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90150 008 ***150.00

DOCUMENT # **P99000055825** ✓
1. Entity Name
ADULT SITE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2013 TIMBERFALL LN.
Suite, Apt. #, etc.

3. Mailing Address
2013 TIMBERFALL LN.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VALRICO, FL.
Zip
33594
Country
USA

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4. FEI Number
59-3583816
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GEORGE DREHER

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

2013 TIMBERFALL LN.

City
VALRICO **FL** Zip Code
33594

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **B**
NAME
STREET ADDRESS
CITY-ST-ZIP
GEORGE DREHER
2013 TIMBERFALL LANE
VALRICO, FL. 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V**
NAME
STREET ADDRESS
CITY-ST-ZIP
GABRIEL BURKHOLDER
10172 66TH AVE. NORTH
SEMINOLE, FL. 33772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **George Dreher (B)** **GEORGE DREHER** **4-25-02** **88-657-2472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)