

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

0626685

**DOCUMENT # P99000062938**

1. Entity Name

**G.A.D.A. SERVICES AND COMPANY, INC.**

06-05-2001 90027 043 \*\*\*150.00

Principal Place of Business

**6623 WOODLANE BOULEVARD  
 PINELLAS PARK FL 33781**

Mailing Address

**6623 WOODLANE BOULEVARD  
 PINELLAS PARK FL 33781**

2. Principal Place of Business

**6623 Woodland Blvd**

3. Mailing Address

**6623 Woodland Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Pinellas Park, FL**

City & State

**Pinellas Park, FL**

4. FEI Number **59-3587291**

Applied For

Not Applicable

Zip

**33781**

Country

**Pinellas**

Zip

**33781**

Country

**Pinellas**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**O'NEILL, KENNETH A  
 6623 WOODLANE BOULEVARD  
 PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

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 *Paula O'Neill*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-1-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!  
 After MAY 1, 2001  
 Make Check Payable to Department of State**

**FEE IS \$150.00**

**Fee will be \$550.00**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **O'NEILL, KENNETH A**  
 STREET ADDRESS **6623 WOODLANE BOULEVARD**  
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **VP** ☐ Delete  
 NAME **O'NEILL, PAMELA L**  
 STREET ADDRESS **6623 WOODLANE BOULEVARD**  
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ 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 the signature of the corporation or the receiver or trustee empowered to execute this report is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-01-01**

Date

Daytime Phone #

**727-548-9281**

CR2E034 (10/00)