

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91725 030 ***150.00

DOCUMENT # P99000062938

1. Entity Name

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

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.

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

Zip

Country

Pinellas

Zip

Country

Pinellas

4. FEI Number

59-3587291

Applied For

Not Applicable

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

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 \$150.00
 After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	O'NEILL, KENNETH A	
STREET ADDRESS	6623 WOODLANE BOULEVARD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VP	<input type="checkbox"/> Delete
NAME	O'NEILL, PAMELA L	
STREET ADDRESS	6623 WOODLANE BOULEVARD	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/02 727-548-9281

Date

Daytime Phone #

CR2E034 (9/01)