

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90189 027 ***150.00

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DOCUMENT # P99000078865

1. Entity Name
GREGG ADELMAN, INC.



Principal Place of Business
15495 TALL OAK AVE
DELRAY BEACH FL 33446

Mailing Address
3815 S. LAKE DR
BOYNTON BEACH FL 33435



2. Principal Place of Business

3. Mailing Address

3815 S. LAKE DR
Suite, Apt. #, etc.
Boynton Beach

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FLA

City & State

4. FEI Number 59-3599346

Applied For
Not Applicable

Zip
33435

Country
P.R.

Zip

Country

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

ADELMAN, GREGG
15495 TALL OAK AVENUE
DELRAY BEACH FL 33466

Name Greg ADELMAN
Street Address (P.O. Box Number is Not Acceptable)
3815 S. LAKE DR
City Boynton Beach FL Zip Code 33435

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ADELMAN, GREGG
STREET ADDRESS 3815 S. LAKE DR
CITY-ST-ZIP BOYNTON BEACH FL 33435

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03

361-573-6156

Date

Daytime Phone #

CR2E034 (10/02)