

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90099 050 ***150.00

DOCUMENT # S31973

1. Entity Name
ADF, INC.



Principal Place of Business
**1337 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

Mailing Address
**1337 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

2. Principal Place of Business
2914 SE 11th PLACE
Suite, Apt. #, etc.

3. Mailing Address
2914 SE 11th PLACE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL FL
Zip
33904
Country
USA

City & State
CAPE CORAL, FL
Zip
33904
Country
USA

4. FEI Number
65-0253361

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MACONE, MARIELLEN
1337 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

→ **CHANGE
OF NAME** →

7. Name and Address of New Registered Agent

Name **MCDERMOTT, MARELLEN**
Street Address (P.O. Box Number is Not Acceptable)
2914 SE 11th PLACE
City **CAPE CORAL** FL **33904**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/2/03**

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MACONE, MARIELLEN 1337 CAPE CORAL PARKWAY CAPE CORAL FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MCDERMOTT, MARELLEN 2914 SE 11 th PLACE CAPE CORAL, FL, 33904 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03 239-549-1619
Date Daytime Phone #

CR2E034 (10/02)