

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32915

1. Entity Name  
ADULT MANOR, INC.

Principal Place of Business <del>301 W ALBEE RD. NOKOMIS FL 34275</del>	Mailing Address C/O GALE RENICK 620 BAYSHORE RD NOKOMIS FL 34275 US
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2. Principal Place of Business <i>620 BAYSHORE RD</i>	3. Mailing Address <i>NOKOMIS, FL</i>
Suite, Apt. #, etc. <i>NOKOMIS, FL</i>	Suite, Apt. #, etc.

City & State <i>34275</i>	City & State	
Zip <i>45</i>	Country <i>US</i>	Zip
		Country

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90022 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0261537</b>	Applied For
	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

RENICK, GALE 301 W ALBEE RD. NOKOMIS FL 34275	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENICK, GALE 620 BAYSHORE RD. NOKOMIS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Renick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 (941)488-3808  
Date Daytime Phone #

CR2E034 (10/00)