

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25524

1. Entity Name

ADALIO AND ADALIO, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90034 041 ***150.00

Principal Place of Business

Mailing Address

930 LEE RD
ORLANDO FL 32810
US

10 3RD ST
SAINT CLOUD FL 34772-8830
US

2. Principal Place of Business

930 LEE RD

3. Mailing Address

5825 GUENEVERE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO

City & State

FL.

City & State

ST. CLOUD

Zip

32810

Country

US.

Zip

34772

Country

U.S.

4. FEI Number

59-3114196

Applied For

Not Applicable

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

ADALIO, STEPHEN
1628 CYPRESS WOODS CR.
ST. CLOUD FL 34722

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

STEPHEN ADALIO

DATE

4-14-00

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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	ADALIO, STEPHEN	
STREET ADDRESS	3427 CYPRESS POINT CIR	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ADALIO, LESLIE	
STREET ADDRESS	3427 CYPRESS POINT CIR	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE		<input type="checkbox"/> Delete
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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:

STEPHEN ADALIO

Date

Daytime Phone #

407-957-3118