

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33300

1. Entity Name

ADELSON & COMPANY, P.A. CERTIFIED PUBLIC ACCOUNT

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90007 020 ***150.00

Principal Place of Business

6850 NORTHWEST 2ND AVENUE
SUITE 26
BOCA RATON FL 33487

Mailing Address

6850 NORTHWEST 2ND AVENUE
SUITE 26
BOCA RATON FL 33487-2334

2. Principal Place of Business

190 S.E. 5TH AVENUE

3. Mailing Address

190 S.E. 5TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH, FLORIDA

City & State
DELRAY BEACH, FLORIDA

4. FEI Number 65-0329655

Applied For
Not Applicable

Zip Country
33483 PALM BEACH

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33483 PALM BEACH

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

ADELSON, ROBERT E
6850 NW 2ND AVE
SUITE 26
BOCA RATON FL 33487

Name ROBERT E. ADELSON
Street Address (P.O. Box Number is Not Acceptable)
190 S.E. 5TH AVENUE
City DELRAY BEACH FL Zip Code 33483

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 *Robert E. Adelson* ROBERT E. ADELSON
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04-03-00
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, 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 DPTS ☐ Delete
NAME ADELSON, ROBERT E.
STREET ADDRESS 6850 N.W. 2ND AVE. #26
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Robert E. Adelson* ROBERT E. ADELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-00
Date

Daytime Phone #

CR2E034 (9/99)