

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90070 001 \*\*\*150.00

0022760 AV

**DOCUMENT # V54802**

1. Entity Name

**ADLER INTERIOR DESIGN ASSOCIATES, INC.**

Principal Place of Business

**2006 SAN MARCO BLVD  
 JACKSONVILLE FL 32207**

Mailing Address

**2006 SAN MARCO BLVD  
 JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3135660**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BRANT MOORE SAPP MACDONALD & WELLS P.A.  
 50 NORTH LAURA ST.  
 SUITE 3100  
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **Brant, Abraham, Reiter & McCormick P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**50 N. Laura St. Suite 2750**  
 City **Jacksonville** FL Zip Code **32202**

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 **David Abraham**

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

(NOTE: Registered Agent signature required when reinstating)

**4/4/02**  
 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, 2002 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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>ADLER, GARY E.</b>        |                                 |
| STREET ADDRESS | <b>4424 KELNEPA DRIVE</b>    |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32207</b> |                                 |
| TITLE          | <b>V</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>RANNEY, THOMAS</b>        |                                 |
| STREET ADDRESS | <b>1930 SAN MARCO PLACE</b>  |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>       |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |                                                                              |
| STREET ADDRESS | <b>823 Waterman RD N.</b>     |                                                                              |
| CITY-ST-ZIP    | <b>Jacksonville, FL 32207</b> |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY-ST-ZIP    |                               |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| STREET ADDRESS |                               |                                                                              |
| CITY-ST-ZIP    |                               |                                                                              |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |                                                                              |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02**  
 Date

Daytime Phone #

CR2E034 (9/01)