

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

0507883  
AV

**DOCUMENT # 275299**



1. Entity Name  
**ADAMS CITRUS NURSERY, INC.**

04-24-2003 90162 050 \*\*\*150.00

Principal Place of Business  
**STATE ROAD 544 EAST  
HAINES CITY FL 33844**

Mailing Address  
**P.O. BOX 1505  
HAINES CITY FL 33845  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1026500</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ADAMS, WILLIAM G. ST. RD. 544 EAST HAINES CITY FL 33844</b>				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William G. Adams*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, WILLIAM G.			NAME			
STREET ADDRESS	ST. RD. 544 EAST			STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IMBER, WANDA L.			NAME			
STREET ADDRESS	ST. RD. 544 EAST			STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, GUSTA LEE			NAME			
STREET ADDRESS	ST. RD. 544 EAST			STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, ALAN			NAME			
STREET ADDRESS	ST. RD. 544 E.			STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIVINGSTON, LIVA			NAME			
STREET ADDRESS	ST. RD. 544 E.			STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, BRENDA			NAME			
STREET ADDRESS	ST RD 544 E			STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			CITY-ST-ZIP			

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: *William G. Adams* **4-10-03** **863/439-1522**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)