**FILED** Jul 31, 2003 8:00 am Secretary of State

07-31-2003 90102 001 \*\*\*400.00 07-31-2003 90102 002 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

620601

1. Entity Name

ADIMAS MANAGEMENT CORP.

						(A) WE 1.					
Principal Place of Business ATTN: BILL WELDEN P.O. BOX 55465 BIRMINGHAM AL 35255			ATTN P.O.	Mailing Address ATTN: BILL WELDEN P.O. BOX 55465 BIRMINGHAM AL 35255							
2. Principal Pl	lace of Busin	ess	3. Mai	. Mailing Address			7	I KATUKA UKHU UKUN BUKNU BINU I	HOLOR ISON BROKE BI	Bit Bibit Bibit I	HER SIR HER
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	FEI Number <b>59-190957</b>	4	<b>⊢</b>	oplied For ot Applicable
Zip	Country				Coun	ntry <b>5.</b> Certific		Certificate of Status Desired		8.75 Add	ditional
6. Name and Address of Current R				d Agent		7. Name and Address of New Registered Agent					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				•	Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324								£,			
			<u> </u>		·	City			FL	Zip Code	
8. The above named entity submits this statement; 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State								9. Election Campaign Fi Trust Fund Contribution			May Be I to Fees
10. OFFICERS AND DIRECTORS 11.								L DITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP			011,2010	Delete	TITLE NAMI STRE	ì		2111010707 HWALES 10 O.	TIOCHO MAD	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELDEN, 1103 218	WILLIAM B T STREET SOUTH IAM AL 35205	<del> </del>	☐ Delete	TITLE NAME STRE			<del></del>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del></del>		· · ·	☐ Delete	NAME STREE	E ET ADDRESS -ST-ZIP	<u> </u>	*		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortific that the	information and the state of th	thio fills	Delete	CITY-	ET ADDRESS ST-ZIP	Cootie	140 07/3V() Floride Statutes	further cert	Change	Addition

indicated on this report or supplied with this ming 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #