

DOCUMENT # 262724

1. Entity Name

ADGER-SMITH-WELLS INC

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90036 001 ***150.00

Principal Place of Business

Mailing Address

873 ADGER SMITH LANE
MELBOURNE FL 32935873 ADGER SMITH LANE
MELBOURNE FL 32935-6446

C0017800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0977911

Not

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUCE, CONSTANCE N.
879 ADGER SMITH WELLS INC.
MELBOURNE FL 32935

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

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUCE, CONSTANCE N.	
STREET ADDRESS	873 ADGER SMITH LN	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT V	
STREET ADDRESS	168 SAN JUAN CIR.	
CITY-ST-ZIP	MELBOURNE, FL 00000	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUCE, GEORGE A	
STREET ADDRESS	873 ADGER SMITH LN	
CITY-ST-ZIP	MELBOURNE, FL 00000	

TITLE	D	<input type="checkbox"/> Delete
NAME	POTTER, WILLIAM C	
STREET ADDRESS	1380 SARNO ROAD	
CITY-ST-ZIP	MELBOURNE, FL 00000	

TITLE	STD	<input type="checkbox"/> Delete
NAME	GARY, LISA	
STREET ADDRESS	873 ADGER SMITH LN	
CITY-ST-ZIP	MELBOURNE FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CONSTANCE N. BRUCE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00 321-254-2446