

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
 02-28-2002 90003 004 ***150.00

MACT02A AV

DOCUMENT # K08362

1. Entity Name
ADAMS FLORIDA CORP.

Principal Place of Business

~~5680 ROOSEVELT BLVD.~~
~~CLEARWATER FL 33760~~
~~US~~

Mailing Address

~~5680 ROOSEVELT BLVD.~~
~~CLEARWATER FL 33760~~
~~US~~

2. Principal Place of Business

306 GOLDEN GATE POINT
 Suite, Apt. #, etc. **#5**

3. Mailing Address

306 GOLDEN GATE POINT
 Suite, Apt. #, etc. **#5**

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number **59-2874053**

Applied For
☐ **Not Applicable**

Zip
34236

Country
SARASOTA

Zip
34236

Country
SARASOTA

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

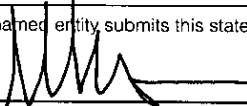
6. Name and Address of Current Registered Agent

ADAMS, MICHAEL LEE
5680 ROOSEVELT BLVD.
CLEARWATER FL 34620

7. Name and Address of New Registered Agent

Name **ADAMS, MICHAEL LEE**
Street Address (P.O. Box Number is Not Acceptable) **306 GOLDEN GATE POINT**
City **SARASOTA** **FL** **Zip Code** **34236**

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  **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/11/2002**

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	PST	<input type="checkbox"/> Delete
NAME	ADAMS, MICHAEL	
STREET ADDRESS	5680 ROOSEVELT RD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, MICHAEL	
STREET ADDRESS	5680 ROOSEVELT BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:  **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2002

Date

727-580-3620

Daytime Phone #

CR2E034 (9/01)