

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90196 048 \*\*\*150.00

**DOCUMENT # P96000014752**

1. Entity Name

**ADAMS GROUP COMMUNICATIONS, INC.**

Principal Place of Business

**2055 WOOD ST., STE. 210  
 SARASOTA FL 34237**

Mailing Address

**2055 WOOD ST., STE. 210  
 SARASOTA FL 34237**

2. Principal Place of Business

**1010 Commerce Blvd N.**

3. Mailing Address

**1010 Commerce Blvd N.**

Suite, Apt. #, etc.

**201**

Suite, Apt. #, etc.

**201**

City & State

**Sarasota FL**

City & State

**Sarasota FL**

Zip

**34243**

Country

**Sarasota**

Zip

**34243**

Country

**Sarasota**

4. FEI Number

**65-0704692**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, GARY**

**2055 WOOD ST., STE. 210  
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1010 Commerce Blvd N**

**Suite 201**

City

**Sarasota**

**FL**

**Zip Code  
 34243**

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, 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 **DPS**  
 NAME **ADAMS, GARY**  
 STREET ADDRESS **2055 WOOD ST**  
 CITY-ST-ZIP **SARASOTA FL**

☐ Delete

TITLE **T**  
 NAME **ADAMS, DIANE M.**  
 STREET ADDRESS **2055 WOOD STREET**  
 CITY-ST-ZIP **SARASOTA FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

**1010 Commerce Blvd N #201  
 Sarasota FL 34243**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

**1010 Commerce Blvd N #201  
 Sarasota FL 34243**

TITLE  
 NAME  
 STREET ADDRESS  
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☐ Change ☐ Addition

CR2E034 (9/01)

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:

**Diane Adams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02**

Date

Daytime Phone #