2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90193 023 ***150.00

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DOCUMENT # P94000022537

1. Entity Name
ADAMS INTERNATIONAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
408 MELBOURNE AVE MELBOURNE FL 32901	~~408 MELBOURNE AVE MELBOURNE FL 32901~~

~~Col. (R) Richard M~~
AMEMB-MAAG Unit 3802
APO AA 34031

PLEASE USE EXACTLY AS ABOVE FOR MAIL

2. Principal Place of Business	3. Mailing Address
	COL. (R) RICHARD M-ADAMS
Suite, Apt. #, etc.	Suite, Apt. #, etc. AMEMB-MAAG UNIT 3802
City & State	City & State APO AA
Zip / Country	Zip 34031 / Country USA

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3284167 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITLOCK, GLENN 408 E MELBOURNE AVE MELBOURNE FL 32901	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. 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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPVS ADAMS, RICHARD M 408 MELBOURNE AVE MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: REQUIRED (51-1) 441-6509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #