

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90209 039 \*\*\*150.00

0030483 AV

**DOCUMENT # P02000049255**

1. Entity Name  
**ADAMS COMMUNICATIONS, INC.**



Principal Place of Business  
**11366 QUAIL HOLLOW DRIVE  
JACKSONVILLE FL 32218**

Mailing Address  
**11366 QUAIL HOLLOW DRIVE  
JACKSONVILLE FL 32218**



2. Principal Place of Business

**39 North University Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**39 North University Blvd**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Jacksonville, Florida**

City & State

**Jacksonville, FL**

4. FEI Number

**01-0681393**

Applied For

Not Applicable

Zip

**32211**

Country

**USA**

Zip

**32211**

Country

**USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, HENRY L JR.  
11366 QUAIL HOLLOW DRIVE  
JACKSONVILLE FL 32218**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

**4-15-03**

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

TITLE **P** ☐ Delete  
NAME **TAYLOR, CHERYL L**  
STREET ADDRESS **11366 QUAIL HOLLOW DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **V** ☐ Delete  
NAME **ADAMS, HENRY L JR.**  
STREET ADDRESS **11366 QUAIL HOLLOW DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **T** ☐ Delete  
NAME **ADAMS, BERNICE E**  
STREET ADDRESS **11366 QUAIL HOLLOW DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **HENRY Lee Adams, II**  
STREET ADDRESS **39 North University Blvd**  
CITY-ST-ZIP **Jacksonville, FL 32211**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**Henry Lee Adams, Jr. Vice President**

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-03**

Date

**904-805-0555**

Daytime Phone #

CR2E034 (10/02)