**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 262724  1. Entity Name  ADGER-SMITH-WELLS INC				Feb 21, 2002 Secretary 0 02-21-2002 90103 0	of State
Principal Plac	ce of Business	Mailing Address			
873 ADGER SMITH LANE 873 ADGER SMITH LAN MELBOURNE FL 32935 MELBOURNE FL 32935					ikin 2180 Sikin SiSir 2081 1284
2. Principal Place of Business 3		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-0977911	Applied For
Zip	Country	Zip C	Country		\$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered A	
			Name	•	
BRUCE, CONSTANCE N. 879 ADGER SMITH WELLS INC.			Street Address (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32935			City	FL	Zip Code
8. The above	e named entity submits this statement for the	he purpose of changing its regis	stered office or regist	tered agent, or both, in the State of Florida.	· I
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Regi	istered Agent signature requir	red when reinstating) DATE	
Tax filing requirement and elects to do so. After May 1		FILE NOW!!! F After May 1, 2002 F Make Check Payable to	ee will be \$550.00		\$5.00 May Be Added to Fees
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE NAME STREET ADDRESS CIŤY-ST-ZIP	PD BRUCE, CONSTANCE N. 873 ADGER SMITH LN MELBOURNE FL		TITLE - NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
Title Name Street address City-St-Zip	S JOHNSON, ROBERT V 168 SAN JUAN CIR. MELBOURNE, FL 00000		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUCE, GEORGE A 873 ADGER SMITH LN MELBOURNE, FL 00000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	'	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, WILLIAM C 1380 SARNO ROAD MELBOURNE, FL 00000		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARY, LISA 873 ADGER SMITH LN MELBOURNE FL	_ 33/4	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME Street Address City-St-Zip			TITLE ' NAME STREET ADDRESS ' CITY-ST-ZIP		☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is tru	ue and accurate and that my signed to execute this report as re	anature shall have the	Section 119.07(3)(i), Florida Statutes. I further cert a same legal effect as if made under oath; that I a D7, Florida Statutes; and that my name appears in	m an officer or director L

SIGNATURE: CONSTANTE N. BRUCE & Dustance

2/8/03

321-254-2446

Daytime Phone #