

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90162 050 ***150.00

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DOCUMENT # 275299

1. Entity Name
ADAMS CITRUS NURSERY, INC.



Principal Place of Business
**STATE ROAD 544 EAST
HAINES CITY FL 33844**

Mailing Address
**P.O. BOX 1505
HAINES CITY FL 33845
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1026500**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, WILLIAM G.
ST. RD. 544 EAST
HAINES CITY FL 33844**

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	PD	<input type="checkbox"/> Delete
NAME	ADAMS, WILLIAM G.	
STREET ADDRESS	ST. RD. 544 EAST	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IMBER, WANDA L.	
STREET ADDRESS	ST. RD. 544 EAST	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADAMS, GUSTA LEE	
STREET ADDRESS	ST. RD. 544 EAST	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, ALAN	
STREET ADDRESS	ST. RD. 544 E.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, LIVA	
STREET ADDRESS	ST. RD. 544 E.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, BRENDA	
STREET ADDRESS	ST RD 544 E	
CITY-ST-ZIP	HAINES CITY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03
Date

863/439-1522
Daytime Phone #

CR2E034 (10/02)