

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90203 029 ***563.75

DOCUMENT # 288569

1. Entity Name

JIM ADAMS FORD, INC.

Principal Place of Business

**208 NORTH POLK DRIVE
 SARASOTA FL 34236**

Mailing Address

**208 NORTH POLK DRIVE
 SARASOTA FL 34236**

DUI34061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

610 HOWARD AVE -

3. Mailing Address

610 HOWARD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL -

City & State

LAKELAND FL

Zip

33815

Country

POIK

Zip

33815

Country

POIK

4. FEI Number

59-1087198

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MARTIN, STEPHEN M.

5300 SOUTH FLORIDA AVENUE

SUITE 1

LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

JAMES L. ADAMS JR

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

610 HOWARD AVE

City

LAKELAND

FL

Zip Code

33815

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **ADAMS, JAMES L. JR.**
 STREET ADDRESS **208 NORTH POLK DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **V** ☐ Delete
 NAME **MARTIN, STEPHEN M.**
 STREET ADDRESS **5300 S. FLORIDA AVENUE, SUITE 1**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-02 863-682-5506

Date

Daytime Phone #

CR2E034 (4/02)