2002 UNIFORM BUSINESS REPORT (UBR)

400635 DOCUMENT

FILED
Feb 20, 2002 8:00 am

1. Entity Name ADAMS & ADAMS ENTERPRISES, INC				02-20-2002 90118 016 ***150.00	
Principal Place of Business 2180 W. FIRST STREET #212 FT MYERS FL 33901 US		Mailing Address 2190 W. FIRST STREET #212 FT MYERS FL 33901 US			
2. Principal Place of Business		3. Mailing Address		A IDEAN DIGHT BOND BANK BANK BANK BANK BANK BANK BANK BANK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-1409257 Applied For Not Applied be	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
<u></u> [6. Name and Address of Current	t Registered Agent	1	7. Name and Address of New Registered Agent	
ADAMS, DANIEL F 2180 W. FIRST, ST. SUITE 212 FT MYERS FL 33901			Name Street	Name Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
Tax filing	Signature, typed or printed name of registered agen oration is eligible to satisfy its Intangibl requirement and elects to do so ria on back)	e FILE NOW	/!!! FEE IS \$150 002 Fee will be \$	\$550.00 Trust Fund Contribution.	
11.	OFFICERS AND	<u></u>	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, WILLIAM L 1239 CARLENE FT MYERS, FL 00000	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD K Change ☐ Addition ADAMS, DANIEL F.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT ADAMS, DANIEL F 1250 GASPARILLA DRIVE FT MYERS, FL 00000	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Change ☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ADAMS, GEORGE E 944 N TOWN & RIVER DR FT MYERS, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, DANIEL F 1250 GASPARILLA DR FT MYERS, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. □ Delote	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-7IP		□ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	

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 outh; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR