

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 489731

1. Entity Name

LONNIE D. ADAMS BUILDING CONTRACTOR, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90103 028 ***150.00

Principal Place of Business

245 EAST PARK AVENUE
LAKE WALES FL 33853

Mailing Address

245 EAST PARK AVENUE
LAKE WALES FL 33853-3705

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

59-1641449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, LONNIE D
245 E PARK AVE
LAKE WALES FL 33853

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME ADAMS, LONNIE D
STREET ADDRESS 245 EAST PARK AVENUE
CITY-ST-ZIP LAKE WALES, FL 00000 ☐ Delete

TITLE PDS
NAME Adams, Lonnie D.
STREET ADDRESS 245 E. Park Ave.
CITY-ST-ZIP Lake Wales, FL 33853 ☒ Change ☐ Addition

TITLE D
NAME CALLAWAY, ALLANA
STREET ADDRESS 630 S. LAKESHORE
CITY-ST-ZIP LAKE WALES FL ☐ Delete

TITLE D
NAME Callaway, Allana
STREET ADDRESS 1121 Sunset Dr.
CITY-ST-ZIP Lake Wales, FL 33853 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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: Loonie Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)