

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506187

1. Entity Name
JOHN L. ADAMS AND COMPANY, INC.



FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90156 024 ***150.00

0324792 AV

Principal Place of Business
11205 S. DIXIE HWY.
SUITE 101
MIAMI FL 33156

Mailing Address
POST OFFICE BOX 561565
MIAMI FL 33256-1565



2. Principal Place of Business
8925 SW. 148th ST.

3. Mailing Address
(above)

Suite, Apt. #, etc.
Suite 110

Suite, Apt. #, etc.

City & State
Miami Fla.

City & State

4. FEI Number 59-1675830

Applied For
Not Applicable

Zip 33176

Country USA

Zip

Country

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

RYNDERS, DAVID ESQ
305 WEDGE DRIVE
NAPLES FL 34103

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 NAME PT
STREET ADDRESS ADAMS, JOHN L
CITY-ST-ZIP 11205 S DIXIE HWY, SUITE 101
MIAMI FL 33156 ☐ Delete

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

TITLE NAME S
STREET ADDRESS RYNDERS, DAVID
CITY-ST-ZIP 305 WEDGE DRIVE
NAPLES FL 34103 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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 of John L. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

305/251-2203

Daytime Phone #

CR2E034 (10/02)