

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90748 022 ***150.00

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DOCUMENT # 529391

1. Entity Name
NEAL ADAMS JR., INC.



Principal Place of Business
~~3323 N. KEY DR~~
~~UNIT 8~~
~~NORTH FT MYERS FL 33903~~

Mailing Address
P.O. BOX 2511
FT. MYERS FL 33902-2511



2. Principal Place of Business

3. Mailing Address

3103 St. Charles St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT Myers, FL.

City & State

4. FEI Number **59-1789157**

Applied For
Not Applicable

Zip **33916** Country **USA**

Zip Country

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, NEAL JR.
3323 N. KEY DR. UNIT 8
NORTH FT MYERS FL 33903

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

Neal Adams Jr.

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
STREET ADDRESS
CITY-ST-ZIP
PSTD
ADAMS, NEAL JR
3323 N KEY DR UNIT 8
NORTH FT MYERS FL 33903

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3103 St. Charles St.
FT. MYERS, FL.
33916

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Neal Adams Jr.
NEAL ADAMS JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2803

(239) 334-2223

Date

Daytime Phone #

CR2E034 (10/02)