2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State
09-11-2002 90127 036 ***150.00

DOCUMENT # 530977

1. Entity Name
GERALD J. ADAMS, INC.

Principal Place of Business	Mailing Address
8964 STATE RD #84 DAVIE FL 33324	8964 STATE RD #84 DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

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 59-1728332 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, GERALD J. SR.
8964 STATE RD #84
DAVIE FL 33324

7. Name and Address of New Registered Agent

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

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 $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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAMS, GERALD J. SR. 360 TORCHWOOD AVE PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD ADAMS, VERNA A 360 TORCHWOOD AVE PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/02)

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] PRESIDENT-GERALD ADAMS 9-9-02 (954) 929-5162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

adams

530977

GERALD J. ADAMS, INC.
8964 WEST STATE ROAD # 84
DAVIE, FL. 33324

September 9, 2002

DEAR SIRS/MADAM:

I PROPERLY SENT OUT MY ANNUAL REPORT ON APRIL 30, 2002, AND I HAVE FACTUAL PROOF VERIFYING POSTAGE AND THE TRACKING INFORMATION OF RECEIPT. HOWEVER, MY CHECK WAS NEVER CASHED, AND A CORRESPONDING REINSTATEMENT FORM WAS SENT OUT TO MY BUSINESS. I AM RESPONDING TO THIS BY SENDING THE ATTACHED PROOF OF MAILING, TRACKING INFORMATION, MY COPY OF CHECK, AND COPY OF ORIGINAL REPORT. I JUST BECAME AWARE OF THIS RECENTLY, BECAUSE I WAS AWAY ON VACATION FOR A MONTH AND A HALF IN HAWAII.

SINCERELY YOURS,

GERALD J. ADAMS
PRESIDENT

Attachment 9/20/02
530977

EXPRESS MAIL
UNITED STATES POSTAL SERVICE®

POST OFFICE TO ADDRESSEE

EU169807770US

Customer Copy
Label 11-B May 2001

SEE REVERSE SIDE FOR SERVICE GUARANTEE AND INSURANCE COVERAGE LIMITS

DANIA ... APR 30 2002 ... USPS

ORIGIN (POSTAL USE ONLY)

PO ZIP Code: 33004	Day of Delivery: ☐ Next ☒ Second	Flat Rate Envelope ☐
Date In: Mo. 4 Day 30 Year 02	☐ 12 Noon ☒ 3 PM	Postage: $ 16.25
Time In: 4:46 ☐ AM ☒ PM	Military: ☐ 2nd Day ☐ 3rd Day	Return Receipt Fee
Weight: 1 lbs. 10 ozs.	Int'l Alpha Country Code	COD Fee / Insurance Fee
No Delivery ☐ Weekend ☐ Holiday	Acceptance Emp. Initials	Total Postage & Fees: $ 16.25

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT:
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or Postal Service Acct. No.

FROM: (PLEASE PRINT) PHONE ( )

GERALD ADAMS
113 N. FEDERAL HIGHWAY
DANIA BEACH, FL 33004

TO: (PLEASE PRINT) PHONE ( )

DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

ZIP + 4: 3 2 3 9 9

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

Attachment

919 vs 530977

UNITED STATES POSTAL SERVICE

Home

Shipping center
Ship
Rates
Supplies
Resource Center
Web Tools
Track & Confirm
Delivery Confirmation
Signature Confirmation

Keyword/Search
keyword search

Shipping center

Track & Confirm

Delivery Status

You entered EU16 9807 770U S

Your item was delivered at 10:54 am on May 01, 2002 in TALLAHASSEE, FL 32399 to SECRETARY OF STATE. The item was signed for by T COOPER.

Shipment History >

Request Delivery Record >

Track & Confirm

Enter number from shipping recei

POSTAL INSPECTORS
Preserving the Trust

attachment 9997793

530977

GERALD J. ADAMS, INC.
D/B/A FAST TAX
PH: 472-0911
8964 STATE ROAD 84
DAVIE, FL 33324

WASHINGTON MUTUAL
PLANTATION, FL
63-8413/2870

1836

Date 4/25/05

PAY TO THE ORDER OF DEPARTMENT OF STATE $ 150.00

ONE HUNDRED FIFTY & 00/100 DOLLARS

Memo

AUTHORIZED SIGNATURE

⑆267084131⑆ 831 ⑈1691 20⑈ 1836

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

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SIGNATURE: [signature] REQUIRED 4/25/02 (954)472-0911
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)