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
2. Principal Place of Business	3. Mailing Address

Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-1728332	Applied For			
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required			
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent				
			Name	- Ingotolog	- Agent			
ADAMS.	GERALD J. SR.							
	ATE RD #84		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
DAVIE FL				<u> </u>				
DAVIE FL	_ 33324							
			City	F	Zip Code			
8. The above the obligation	e named entity submits this statement for thations of registered agent.	e purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I an	n familiar with, and accept			
SIGNATURE								
	Signature, typed or printed name of registered agent and	title if applicable. (NO	E: Registered Agent signature requ	uired 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!!! F After September 13, 20 Make Check Payable to				\$5.00 May Be Added to Fees				
11	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11			
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition			
NAME	ADAMS, GERALD J. SR.		NAME					
STREET ADDRESS	1360 TORCHWOOD AVE		STREET ADDRESS					

CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP TITLE VTD ☐ Defete TITLE ☐ Change ☐ Addition NAME ADAMS, VERNA A NAME STREET ADDRESS 360 TORCHWOOD AVE STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP TITLE ☐ Delete SD TITLE ☐ Change Addition NAME ADAMS, VERNA A. NAME STREET ADDRESS 360 TORCHWOOD AVE STREET ADDRESS CITY-ST-ZIP **PLANTATION FL** CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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 AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954) 929-5162 Daytime Phops # AHackment

97aners 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

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USPS - Track & Confirm



Shipping center

Resource Center **Web Tools**

Track & Confirm

Delivery Confirmation

Signature Confirmation

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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 COOPERS

Shipment History >

Request Delivery Record>

Track & Confirm Enter number from shipping recei

Keyword/Search 7.

keyword

search



site map | contact us' | FAQs | search | keywords ... Copyright © 1999-2002 USPS. All Rights Reserved. Terms of Use Privacy Policy attachment 999793
5309A

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8. The above	named entity submits this statement for	the purpose of changing its	registered office o	r registered agent, or bo	th, in the State of Florid	a with the second	·
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1.4	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	Registered Agent signal	ture required when reinstating)	1911年1月11日 · 10 11年	DATE IN THE PARTY	3
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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 empowereds at interest and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes.

SIGNATURE: _