

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90276 050 ***150.00

DOCUMENT # 682592

1. Entity Name
STEVEN ADAMS & ASSOCIATES, INC.



Principal Place of Business

~~8662 NW 44 ST~~
C/O LAUREN R. MERVIS
SUNRISE FL 33351

Mailing Address

~~8662 NW 44 ST~~
C/O LAUREN R. MERVIS
SUNRISE FL 33351

2. Principal Place of Business

6406 N. W. University Dr.

3. Mailing Address

6406 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac, Florida 33321

City & State

Tamarac Florida 33321

Zip

Country

Zip

Country

4. FEI Number

59-2034486

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

MERVIS, LAURENCE R.

~~8662 NW 44 ST~~ 6406 N. University Dr.
~~SUNRISE FL 33351~~ Tamarac, Florida 33321

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 PD
NAME MERVIS, LAURENCE R.
STREET ADDRESS ~~8662 NW 44TH ST~~ 6406 N. University Dr.
CITY-ST-ZIP ~~SUNRISE FL~~ Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME SHARTLE, JILL W.
STREET ADDRESS ~~8662 N.W. 44TH ST~~ 6406 N. University
CITY-ST-ZIP ~~SUNRISE FL~~ Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MERVIS, LOIS R.
STREET ADDRESS ~~8662 N.W. 44TH ST~~ 6406 N. University
CITY-ST-ZIP ~~SUNRISE FL~~ Tamarac, FL 33321

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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:

Laurence R. Mervis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURENCE R. MERVIS 4-23-2003

Date Daytime Phone #

CR2E034 (10/02)