

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839836

1. Entity Name

GENERAL TEXTILE COMPANY, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 16 PM 2:53

Principal Place of Business

2546 Upper Turtle Creek Road  
Kerrville, TX 78028

Mailing Address

2546 Upper Turtle Creek Road  
Kerrville, TX 78028

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 58-0918491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Joe A. Adams  
Granada Springs Ranch  
2546 Upper Turtle Creek Road  
Kerrville, TX 78028

7. Name and Address of New Registered Agent

Name Beach Brooks  
Street Address (P.O. Box Number is Not Acceptable)  
859 Stafford Dr  
City Stuart FL Zip Code 34996

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.

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, JOE A.	
STREET ADDRESS	1850 SE PALM BEACH ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMS, JOE A.	
STREET ADDRESS	1850 SE PALM BEACH ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAFORRE, JEORJETTE	
STREET ADDRESS	1850 SE PALM BEACH RD	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe A. Adams	
STREET ADDRESS	2546 Upper Turtle Creek Road	
CITY-ST-ZIP	Kerrville, TX 78028	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe A. Adams	
STREET ADDRESS	2546 Upper Turtle Creek Road	
CITY-ST-ZIP	Kerrville, TX 78028	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marianne Adams	
STREET ADDRESS	2546 Upper Turtle Creek Road	
CITY-ST-ZIP	Kerrville, TX 78028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

Joe A. Adams

6-20-01

830-896-3890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #