

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000018**

1. Entity Name

ADCOX ENTERPRISES, LTD.

Principal Place of Business

**611 HERCHEL DRIVE
TEMPLE TERRACE FL 33617**

Mailing Address

**611 HERCHEL DRIVE
TEMPLE TERRACE FL 33617**

FILED

02 JUN 27 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc. **12401 N. 22ND ST.**

City & State **TAMPA, Florida**

Zip **33612** Country **USA**

DUE BY MAY 1, 2002

4. FEI Number **59-3155351**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADCOX, WILLARD T
611 HERCHEL DRIVE
TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

Name **ADCOX, Willard T**
Street Address (P.O. Box Number is Not Acceptable) **12401 N. 22ND ST.**
APT # G304
City **TAMPA** FL Zip Code **33612**

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.

DATE

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ADCOX, WILLARD T	12401 N. 22ND ST., APT. #G304	TAMPA FL 33612
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ADCOX, MILDRED T	12401 N. 22ND ST., APT. #G304	TAMPA FL 33612
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SUTTON, JENNIFER J	17325 LINDA VISTA CIRCLE	LUTZ FL 33549
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E003 (9/01)

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

WILLARD T. ADCOX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6-24-02/8137975-5375

Date

Daytime Phone #