

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008779 AT

DOCUMENT # A99000001194

1. Entity Name  
ADAMS INVESTMENTS, LTD.



FILED

03 MAY -6 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2710 ROCKY POINT ROAD  
MALABAR FL 32950

Mailing Address  
2710 ROCKY POINT ROAD  
MALABAR FL 32950

2. Principal Place of Business  
270 Malabar Rd.

3. Mailing Address  
P.O. Box 500790

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Palm Bay, FL  
Zip 32907 Country BREVARD

City & State  
Malabar, FL  
Zip 32950 Country BREVARD

4. FEI Number 59-3590400

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

ADAMS, DIANE A  
2710 ROCKY POINT ROAD  
MALABAR FL 32950

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$735,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000042539  
NAME MAYNE INVESTMENTS INC  
STREET ADDRESS 2710 ROCKY POINT ROAD  
CITY-ST-ZIP MALABAR FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

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: **SIGNATURE REQUIRED** Dorothy C Adams 4/24/03 321-724-1774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dorothy C. Adams Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE