FILED
Jun 24, 2003 8:00 am
Secretary of State
04-17-2003 90211 001 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F71298

1. Entity Name
Adams Manufacturing Co. Inc.

55049759

[redacted]

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
599 Kissimmee Ave	P.O Box 337
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocoee, FL	City & State: Ocoee FL
Zip: 34761 Country: ORange	Zip: 34761 Country: ORange

4. FEI Number: 59-3141442 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Adam Alain

Street Address (P.O. Box Number is Not Acceptable): ~~P.O Box 337~~ 599 Kissimmee Ave (Fiscal)

City: Ocoee FL Zip Code: 34761

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: A Adam — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee: If filed by May 1: Fee is $150.00; After May 1: Fee is $550.00; Amended UBR is $61.25; 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Adam Alain – President P.O Box 337 Ocoee, FL 34761
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CINDY GOSSE ADAM P.O. Box 337 Vice-President OCOEE, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: A Adam — 4/15/03 — 407-6778827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #