

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
599 Kissimmee Ave
Suite, Apt. #, etc.
3. Mailing Address
P.O. Box 337
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 (Physical)
City
Ocoee, FL 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  (NOTE: Registered Agent signature required when reappointing) DATE

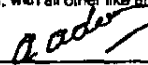
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Adam Alain	P.O. Box 337	Ocoee, FL 34761
	CINDY GOSSE ADAM	P.O. Box 337	Ocoee, FL

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/15/03 407-6778827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #