2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9700006890 1. Entity Name ADAMS, COOPER AND MARKS, INC.								LEC			
						Mar 13, 2001 8:00 am Secretary of State					
710741101	COCI EII FIIIO III IIII III III III III III II						03-13-2001 90	1303 005	***150.	.00	
Principal Plac 444 EAST HIGH SAINT PAUL MI	WAY 96	Mailing Address 7280 WEST PALMETTO PARK RD STE 110 BOCA RATON FL 33433				UUU24646					
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRITE	IN THIS SP	ACE		
City & Stat	e	City & State				4. FEI	Number 41-1894370		- 	oplied For	
Zip Country		Zip	Count	try	5. Certificate of Status Desired S8.75 Additional Fee Required					ditional	
	6. Name and Address of Current F					7. Name and Address of New Registered Agent					
1200	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD ITATION FL 33324	egge , r Grande see t T	·	Street A			Number is Not Acceptable)	·			
	, •			City	FL Z				Zip Cod	ip Code	
Tax filing r	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabl	! FEE	will be \$5	00 550.00	1	iting) 10. Election Campaign Finar Trust Fund Contribution.	DATE noing		0 May Be	
11.	OFFICERS AND D	DIRECTORS	12.			ADDIT	IONS/CHANGES TO OFFIC	ERS AND D	IRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	144 EAST HIGHWAY 96			ET ADDRESS -ST-ZIP	ERICK 444 E	SIDENT Change X Addition CKSON, BARBARA EAST HIGHWAY 96 NT PAUL MN 55127					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELTON, ELIZABETH 444 EAST HIGHWAY 96 SAINT PAUL MN 55164-0444	☐ Delete	- () ()		S MELTO 444 E	ON, E	ELIZABETH HIGHWAY 96	5	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D -ERICKSON, JOHN	☐ Delete	STREE	ET ADDRESS ST-ZIP	ERICK 444 E	SON, EAST	H, MN-55127 JOHN HIGHWAY 96 JL, MN 55127	c	X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			TREAS HEINE 444 E	SURER BIGNE EAST	R ER, KURT HIGHWAY 96	(Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•		SALNI	FAL	IL, MN 55127		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					-	Г	Change	Addition	
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor	true and accurate and that m	the exer	nption stat ure shall h	ave the sa	ime lega	al effect as if made under oat	th; that I am	an officer	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR