

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90147 047 ***150.00

0599841

DOCUMENT # F99000000019

1. Entity Name

ADAMS FIREPLACE COMPANY, INC.

Principal Place of Business

**5955 CROSSROADS COMMERCE
 GRAND RAPIDS MI 49509**

Mailing Address

**5955 CROSSROADS COMMERCE
 GRAND RAPIDS MI 49509**

2. Principal Place of Business

713 Industry Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Zip

Country

32750

USA

Country

USA

4. FEI Number **38-3115774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KNAPE, DON
 1442 TOWHEE RUN
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> Delete
NAME	ADAMS, CRAIG	
STREET ADDRESS	8660 AMBER OAK CT.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	CT	<input type="checkbox"/> Delete
NAME	ADAMS, LILO	
STREET ADDRESS	5955 CROSSROADS COMMERCE	
CITY-ST-ZIP	GRAND RAPIDS MI 49509	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEANE, LARRY	
STREET ADDRESS	7674 GREENBRIER DR. NE	
CITY-ST-ZIP	ROCKFORD MI 49341	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNAPE, DON	
STREET ADDRESS	1442 TOWHEE RUN	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TAYLOR, CATHY	
STREET ADDRESS	5955 CROSSROADS COMMERCE	
CITY-ST-ZIP	GRAND RAPIDS MI 49509	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathy Taylor

Date

Daytime Phone #

1/11/01

616-261-4400

CR2E034 (10/00)