

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91344 020 ***150.00

DOCUMENT #

1. Entity Name **ADAMS FirePlace**

D.B.A. ADAMS ENERGY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

713 Industry RD

Suite, Apt. #, etc.

3. Mailing Address

3727 Biscayne Dr

Suite, Apt. #, etc.

City & State

Longwood Florida

City & State

Winter Springs FL

Zip

32750

Country

Zip

32708

Country

4. FEI Number

38-3115774

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **James C Smith**

Street Address (P.O. Box Number is Not Acceptable)

3727 Biscayne Drive

City **Winter Springs**

FL

Zip Code

32708

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 **James C Smith**

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

James C. Smith

(NOTE: Registered Agent signature required when reinstating)

5/14/02

DATE

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

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **OWNER / Vice President**
NAME **James C Smith**
STREET ADDRESS **3727 Biscayne Dr**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Owner / President**
NAME **John Bowser**
STREET ADDRESS **541 ONE Center BLVD**
CITY-ST-ZIP **Altamonte Springs FL 32701**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

James C Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02

Date

407 448 1963

Daytime Phone #

CR2E034B (12/01)