

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G31570

1. Entity Name

ADAMS BUILDING MATERIALS, INC.

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90054 013 ***150.00

Principal Place of Business

C/O GREGORY J. ADAMS
1801 7TH STREET, S.W.
WINTER HAVEN FL 33880-4376
US

Mailing Address

C/O GREGORY J. ADAMS
1801 7TH STREET, S.W.
WINTER HAVEN FL 33880-4376
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2283153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, GREGORY J
9 ENCLAVES DRIVE
1801 7TH ST. S.W.
WINTER HAVEN FL 33884

Name Adams, Gregory J.
Street Address (P.O. Box Number is Not Acceptable)
2970 Plantation Road
1801 7th St. S.W.
City Winter Haven FL Zip Code 33884

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 *Gregory J. Adams, Pres.* Gregory J. Adams, Pres.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

1-2-01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME ADAMS, GREGORY J
STREET ADDRESS 2970 PLANTATIONS ROAD
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME ADAMS, JOSEPH
STREET ADDRESS 12 LAKE ARROWHEAD DR.
CITY-ST-ZIP WINTER HAVEN FL 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 125 Woden Way
CITY-ST-ZIP Winter Haven FL 33884

TITLE VD ☐ Delete
NAME MOORE, GARY E.
STREET ADDRESS 90 JAMES SCOTT COURT
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ADAMS-WIENMAN, DIANE
STREET ADDRESS 201 AVONDALE
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE ☒ Change ☐ Addition
NAME Adams, Diane
STREET ADDRESS 1907 Manor Circle Drive SE
CITY-ST-ZIP Winter Haven FL 33880

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Gregory J. Adams, Pres.* Gregory J. Adams 1-2-01 863 294-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)