

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H52137

1. Entity Name

ADAMS FINANCIAL SERVICES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90926 006 ***150.00

Principal Place of Business

Mailing Address

2900 NW 47 TERR
STE 301
FT LAUDERDALE FL 33313
US

2900 NW 47 TERR
STE 301
FT LAUDERDALE FL 33313-1746
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton Florida

City & State

Boca Raton Florida

Zip

33428

Country

US

Zip

33428

Country

US

4. FEI Number

65-0120349

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

GRIEPER, S. BARRY
2900 NW 47 TERR
STE 301
FT LAUDERDALE FL 33313

Name

BARRY Griepner

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

12722 Tulipwood Circle

City

Boca Raton

FL

Zip Code

33428

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
GRIEPER, S. BARRY
2900 NW 47 TERR, STE 301
FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
GRIEPER, BARRY
12722 Tulipwood Circle
Boca Raton, FL 33428

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

DATE

Daytime Phone #