2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

H96351 DOCUMENT

1. Entity Name

ADAIR ACCOUNTING ASSOCIATES INC



FILED
May 02, 2003 8:00 am
Secretary of State 05-02-2003 90207 001 ***150.00

Principal Place of Business 1339 BEVILLE RD DAYTONA BEACH FL 32119 US		1339	Mailing Address 1339 BEVILLE RD DAYTONA BEACH FL 32119 US							
2. Principal P	Place of Business	3. Mai	3. Mailing Address					ildi dedii didi	<u> </u>	idii didii iddi
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City	City & State			4. 9	FEI Number 59-26 19668		—— <u> </u>	plied For
Zip	Country	Zip	Zip Cour		У	5. Certificate of Status Desi		S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. 1	Name and Address of New Reg	istered Ag	jent	
					Name					
BRICE, BRENDA K 1339 BEVILLE RD.			Street Address			P.O. Box Number is Not Acceptable)				
DAYTONA FL 32119										
					City		7	FL	Zip Code)
	named entity submits this statement ions of registered agent.	for the purp	ose of changing its	registered	d office or register	red ag	ent, or both, in the State of Florid	la. I am fai	niliar with,	and accept
and obligati	and the second agents									
SIGNATURE .	Signature, typed or printed name of registered age	and title if app	licable. (NOT	E: Registered	Agent signature required	d when re	einstating)	DATE	<u></u>	
			·				<u> </u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				•			 Election Campaign Finar Trust Fund Contribution. 	icing		May Be to Fees
10. OFFICERS AND DIRECTORS			RS	11.	11.		L DDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTORS	S IN 11
TITLE	PT		☐ Delete	TITLE	T				Change	☐ Addition
NAME .	ADAIR, MELODY H.		N/ ST							
STREET ADDRESS	360 BROWN PELICAN DR				T ADDRESS					
CITY-ST-ZIP	DAYTONA BCH. FL				ST-ZIP					
TITLE			☐ Delete					ſ	Change	☐ Addition
NAME .			1!		1					
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	T ADDRESS					
					51-215					
TITLE !			☐ Delete	TITLE				L	Change	Addition
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CITY-ST-ZIP	_			CITY-S	,					ì
TITLE		*,*	☐ Delete	TITLE					Change	Addition
NAME			E Bolato	NAME				•		
STREET ADDRESS				STREET	ADDRESS					[
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NAME				NAME						
STREET ADDRESS					ADDRESS					İ
CITY-ST-ZIP				CITY-S	ST- ZIP					
TITLE	·		☐ Delete	TITLE				[Change .	☐ Addition
NAME CIDEET ADORESS				NAME	. ADDRESO					
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS		•			1	
UI) 1-31-217				O111-S)1-4IF					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.