


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90304 030 \*\*\*150.00

**DOCUMENT # H96882**

1. Entity Name  
**BILL ADKINS, INC.**



Principal Place of Business  
**2392 CHYNN AV  
NORTH PORT FL 34287  
US**

Mailing Address  
**2392 CHYNN AV  
NORTH PORT FL 34287  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**596 BROWN RD**

Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Venice FL**

City & State

Zip  
**34293** Country

Zip Country

4. FEI Number  
**59-2637892**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ADKINS, ROBERT H.  
2392 CHYNN AVE  
SUITE 6  
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

Name  
**BRANDON JOHNSON**

Street Address (P.O. Box Number is Not Acceptable)  
**596 BROWN RD**

City  
**Venice** FL Zip Code  
**34293**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Brandon Johnson* (NOTE: Registered Agent signature required when reinstating) DATE **1-24-03**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADKINS, ROBERT H. 2392 CHYNN AV NORTH PORT FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADKINS, HOWARD C. 2392 CHYNN AV NORTH PORT FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HOWARD C. ADKINS Bt 2 BOX 336 Branchland WV 25506 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRANDON JOHNSON 596 BROWN RD VENICE FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DONALD JOHNSON 596 BROWN RD VENICE FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Brandon Johnson* **SIGNATURE REQUIRED** DATE: **1-24-03** Daytime Phone #: **716-2561**

CR2E034 (10/02)