

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48036

1. Entity Name

FINANCIAL RESOURCE AND DEVELOPMENT SERVICES, INC

Principal Place of Business

% JACK E. ADAMS  
1156 SW HUTCHINS ST  
PORT ST. LUCIE FL 34983

Mailing Address

% JACK E. ADAMS  
1156 SW HUTCHINS ST  
PORT ST. LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

POST OFFICE Box 880151

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST. LUCIE, FL.

Zip

Country

Zip

Country

34988-0151

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, JACK E.  
1156 SW HUTCHINS ST  
PORT ST. LUCIE FL 34983

Name

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

City

FL

Zip Code

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, 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 V ☒ Delete

NAME JEWELL, JACK D.  
STREET ADDRESS 3038 SE BAKERSFIELD ST  
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE DVP ☒ Delete

NAME ADAMS, HELEN G  
STREET ADDRESS 1156 SW HUTCHINS ST.  
CITY-ST-ZIP PORT SAINT LUCIE FL

TITLE DSVT ☒ Delete

NAME PEAALEY, CHRISTOPHER R  
STREET ADDRESS 5410 NW EMBLEM ST  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE PS ☐ Delete

NAME ADAMS, JACK E  
STREET ADDRESS 1156 SW HUTCHINS ST  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

JACK E ADAMS JACK E ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90460 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)